University of Alberta

Evaluation of an Intervention to Improve Body Image in Adult Women through Individual and Social Change

by

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Abstract

This study sought to determine if a 12-week intervention that combined individual and social change could improve the body image of adult women. It also sought to theorise on how body image changes occurred. Fourteen women between the ages of 20-60 years participated. The intervention was evaluated using quantitative and qualitative methods. Repeated measures data on participants showed significant improvements in the body image constructs of appearance evaluation, body area satisfaction, body weight satisfaction, public self-consciousness, and ability to assess their own body weight accurately. The qualitative data were used to describe the process of body image change and the factors that influenced the group process. Results indicate that participant's experienced significant improvements in body image following participation in a 12-week body image intervention and that these changes occurred through the process of sharing experiences and addressing social influences on body image.

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CHAPTER ONE

Introduction

Women live in an environment where they are constantly bombarded by images and messages that can damage and distort the way they view and value their bodies. This environment has caused body image discontent at a level that is considered normative in Western women (Rodin, Silberstein & Striegal-Moore, 1985). The prevalence of body image discontent in western society is demonstrated by Garner (1997), who studied 3,452 adult women and found that 56% were dissatisfied with their overall appearance and 92% were dissatisfied with their weight (Garner, 1997). Body image discontent and social pressures to be thin are issues that affect women of all ages. However, most body image programs target young girls and adolescents. Few programs have been designed to meet the needs and build on the skills and experience of adult women.

Women face challenges in solving the problem of body image discontent due to lack of avenues to develop skills, lack of accurate information, and lack of opportunities to discuss solutions. Many body image intervention programs focus solely on weight control and feelings about appearance, not taking into account the social environment in which body image discontent develops and the social changes necessary to improve body image of women over the long term (Paquette, Leung, Staats, & Raine, 2002). Because of this, women are often not provided with opportunities to develop skills needed to evaluate and respond to these messages of society. As well, lack of accurate information on the risks versus benefits of various health behaviours prevent women from knowing what behaviours may lead to greatest health.

In the short term, body image discontent can cause some women to alter health behaviours, in detrimental ways, to meet societal norms. Some of the health behaviours that have been affected by body image include smoking, eating practices, dieting, and physical activity (Day, 1998). Also, women's relationships with their bodies have changed from ones of friendship to foes affecting mental health status. In the long-term body image discontent can lead to increases in chronic disease and mental health disorders (Day, 1998).

Purpose

The purpose of this research was to develop and evaluate a body image intervention that integrated behaviour change and social change concepts into an empowerment education program that focused on the needs of women aged 20 to 60. The program sought to find a balance between personal behaviour changes and social changes through incorporation of opportunities for improvements in health behaviours, as well as changes in the social environment.

Significance

Developing and testing an integrated behaviour and social change body image program for adult women will increase the little knowledge that we currently have on this type of body image intervention in this population. The integration of individual and social change strategies in the development a body image program is new to the area of body image interventions. This study may inform future research as to whether the use of integrated behaviour and social change methods is effective in improving the body image of adult women through group interventions. The results of this study may lead to the development of recommendations for future program development in the area of women and body image.

CHAPTER TWO

Literature Review

What is Body Image?

"Body image is both conscious and unconscious, it is what we see in the mirror and in the culture, it is how we feel about what we see, the comparison we make and the actual physical state of the body" (Tripp, 1994, p.1). Body image is not just what we see in the mirror it is how we see ourselves based on visual, emotional, physical, social and historical aspects of our lives. Body image is such an important part of our self-concept that it is considered to provide a basis for an individual's identity (Chrisler & Ghiz, 1993). Body image has been described as "a complex multifaceted construct encompassing at least perceptual, affective and cognitive aspects of body experience" (Tiggemann & Lynch, 2001, p.243).

In contemporary society the major focus of body image is on body weight and shape (Tiggemann & Lynch, 2001); however, the issue of body image goes much further than just weight and physical appearance. Body image also includes how we feel about our bodies (Cornwell & Schmitt, 1990). It includes with our emotions towards our bodies. These emotions may result in individuals blaming their bodies for their failures or giving credit for their successes. "Body image isn't simply influenced by feelings rather, it actively influences our behaviour, self-esteem and psychopathology" (Garner, 1997, p32). Body image also relates to historical and social aspects of our lives. Our current body image has been influenced by how our body has actually been in the past, by comments we have received directly about our body, and by comments about other people's bodies in our presence. Body image is also based on societal expectations. Body image influences not only the way we think of ourselves, but also our ability to perform various activities and the goals we set for our future (Chrisler & Ghiz, 1993). It is strongly connected to the function of our bodies (Cornwell & Schmitt, 1990). "Our body perceptions, feeling and beliefs govern our life, who we meet, who we marry, the nature of our interactions, our day-to-day comfort level" (Garner, 1997, p32).

Prevalence of Body Image Discontent

Body image discontent occurs when a person feels negatively towards his or her body or towards specific parts of his or her body. At the core of this dissatisfaction is a discrepancy between the perceived-self and the ideal-self. So many women experience dissatisfaction with their body size and shape that this phenomenon has been aptly characterized as normative discontent (Rodin, Silberstein, & Striegel-Moore, 1985). An example of how prevalent body image dissatisfaction is in western society was demonstrated in Garner's (1997) study of 3,452 adult women, which found that 56% were dissatisfied with their overall appearance and 92% were dissatisfied with their weight (Garner, 1997). Garner (1997) also reported that the percentage of both men and women who were dissatisfied with their overall appearance had more than doubled over the past 25 years (see Figure 1). Many other researchers have demonstrated these high levels of discontent as well. In a study of 1,053 women, aged 30-74 years in Geneva Switzerland, Allez et al (1998) found a high prevalence of discontent in that 71% of the women wanted a lower body weight and 57% of women had dieted to lose weight.

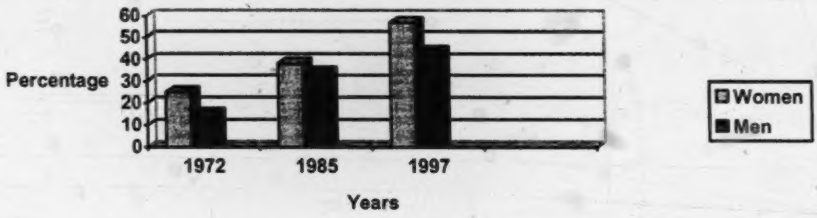

Figure 1. Percentage of men and women who are dissatisfied with their overall appearance (Garner, 1997)

One component of body image discontent is the desire to lose weight, also referred to as body weight dissatisfaction. Body weight has been said to account for 60% of our overall satisfaction with our appearance (Garner, 1997). Hetherington and Burnett (1994) studied 100 women who were within a healthy weight range, based on Body Mass Index of 20-25. Both young women (18-31 years) and elderly women (60-78 years) of healthy weight status reported desired body weight below that of current body weight. On average this difference was around 10 pounds for both elderly and young women (Hetherington & Burnett, 1994). This study demonstrates women who are at a healthy weight may desire to lose weight for reasons other than improving their health. Rather, desire for weight loss is often for appearance related reasons, which may actually lead to detrimental effects on health.

Studies evaluating body image discontent have targeted women and men of all ages. Children as young as nine (Hill, Draper, & Stack, 1994) and women as old as 92 years (Hurd, 2000) have been studied for levels of discontent. Studies have compared body image discontent between age categories, and found that in general women under the age of 24 have more favourable body images than women 25 to 70 years of age (Cash & Henry, 1995). Even though body image discontent is an issue that affects women of all ages, most body image programs target young girls and adolescents. Few programs are designed to meet the needs and build on the skills of adult women in the area of body image.

Consequences of Body Image Discontent

Body image discontent is important because of the effects it has on physical and mental health. As described earlier, body image discontent refers to a discrepancy between perceived-self and ideal-self. These discrepancies provoke efforts to close the gap between perceived and ideal. Women frequently attempt to close the gap by altering health behaviours, often in detrimental ways. Some of the health behaviours that have been affected by body image discontent include smoking (Garner, 1997), eating practices (Day, 1998; Jeffery, 1996; Manore, 1996), dieting (Tiggemann & Lynch, 2001; Day, 1998; Allaz, Bernstein, Archinard, & Morabia, 1998), and physical activity (Day, 1998). When negative health behaviours continue, over the long term, they can lead to chronic disease (Day, 1998). Body image discontent can also affect psychological health and may lead to depression (Day, 1998; Tiggemann & Lynch, 2001) and low self-esteem (Day, 1998; Tiggemann & Lynch, 2001; Pliner, Chaiken, & Flett, 1990).

When Garner (1997) asked the question "How many years of your life would you trade to achieve your weight goals?" the response was alarming, with 15% of women and 11% of men saying that they would sacrifice more than five years of their life, 24% of women and 17% of men say they would give up more than three years (p.36). Smoking is one way that men and women are demonstrating their willingness to sacrifice years off their life for their weight. When Garner (1997) asked respondents whether they smoke to control their weight, 50% of women and 30% of men said that they did. Smoking is a risk factor for a wide range of diseases, including many types of cancer, chronic obstructive pulmonary disease, coronary heart disease, stroke, peripheral vascular disease, and peptic ulcer disease (Fagerstrom, 2002). If a reason for many women to smoke is related to body image dissatisfaction then improvements in body image may result in decreases in smoking behaviours and consequently a decrease in many of the diseases associated with smoking.

Dieting is another method that men and women use to take years off of their lives to achieve weight goals. Dieting is defined as a decrease of caloric intake or alteration in eating habits in an attempt to lose weight. In 1558 Luigi Coronaro advocated a sparse diet that changed him from an overweight man to an energetic thin man (MacKay, 1993). Coronaro's diet is one of the first recorded instances of the magical promises of the diet. His persuasive writing convinced many to adopt his diet, and we continue to follow his lead today. It is estimated that 40% of adult women are trying to lose weight (Manore, 1996). Ironically of those who reported wanting to lose weight, 20% consider themselves to be the "right weight" and 4% are underweight (Manore, 1996). Many women state one of their reasons for going on a diet and wanting to lose weight is for health. However, stable weight has been shown to be associated with best health, while all patterns of weight change, gains or losses or both combined, appear to be associated with increased risk of mortality (Jeffery, 1996). At the extreme end of the dieting spectrum is an excessive drive to be thin, which is one component of body image dissatisfaction and is a key risk factor for bulimia or anorexia nervosa (Allaz et al., 1998). There appears to be a misconception in western society that diets are necessary to achieve health. By reducing body image dissatisfaction and providing nutrition education, dieting behaviours and unhealthy eating practices will likely be reduced.

Body image discontent and physical activity are related in two ways. Both excessive exercise (Imms & Pruitt, 1991) and physical inactivity are associated with poorer body image than moderate activity levels. The behavioural manifestations of societal pressure to be thin may include exercise beyond what is necessary for good health (Brownell, 1991). Also, individuals who perceive that others view their bodies unfavourably may withdraw from exercise in public settings to avoid negative feelings (Yin, 2001). This inactivity may also increase the risk cardiovascular disease, cancer, osteoarthritis, diabetes, osteoporosis and mental health concerns (Vuori, 1998).

The experience of depression is the most common complaint of people seeking mental health care and the third leading reason individuals see physicians (Strickland, 1992). Females make up about two thirds of those individuals who suffer from clinically defined major depression (Strickland, 1992). Noles et al (1985) found that depression is significantly correlated with dissatisfaction toward body parts and overall physical appearance (Noles, Cash, & Winstead, 1985). These results have been replicated by other authors more recently (Keel, Mitchell, Davis, & Crow, 2001). However, the causal relationship between depression and body image dissatisfaction still needs further investigation (Keel et al., 2001; Wiederman & Pryor, 2000). Keel et al. (2001) speculate that "there may be a reciprocal relationship between body dissatisfaction and depression in which they contribute to each other" (p.54). If true, improvements in body image may result in improved mental health.

Self-esteem is conceptualised as a function of the discrepancy between actual self and ideal self. In a study, of 334 females and 305 males in Ontario between the ages of 10 and 70 years, Pliner, Chaiken & Flett (1990) found that females had significantly lower self-esteem than males. One interpretation of this gender difference is that standards for female attractiveness are much narrower for females than for males (Pliner et al., 1990). Current societal standards for female attractiveness "inordinately emphasize the desirability of thinness, and thinness at such a level as to be increasingly impossible for most women to achieve" (Tiggeman & Slater, 2004, 48), these standards are set by society, but internalized by individuals. The more people internalize these standards and attach value to how they look, the greater likelihood that their self-identities will become wrapped up in their bodies (Oberg & Tornstam, 1999). By broadening standards of attractiveness for women in society and also within their own expectations improvements in self-esteem would be expected.

The consequences of body image dissatisfaction are broad and are associated with many health problems in western society. An increasingly recognized determinant of health for women is body image (Day, 1998). An improvement in body image would likely lead to improved health behaviours with reductions in smoking and dieting, improved eating habits and improved levels of physical activity. It might also have a positive impact on self-esteem, reduce depression and show reductions in chronic disease.

Determinants of Body Image Discontent

There are societal, interpersonal, and individual factors that affect body image throughout life. Body image develops throughout life as a result of sensory and behaviour experiences, physical appearance, societal norms and the reaction of other people (Chrisler & Ghiz, 1993).

Societal Contributors

High levels of body image discontent are attributed to cultural and societal norms. Researchers tend to agree that the strongest influences on the development of body image discontent in Western cultures are societal factors (Heinberg, 1996). "Current societal standards of beauty emphasize the need for, and desirability of very slender ideals" (Dorian & Garfinkel, 2002, p.4). Cultural and societal norms for beauty can be transmitted in many ways but it has been argued that "the mass media are probably the most powerful conveyers of socio-cultural ideals" (Tiggeman & Slater, 2004, p.49). The media conveys current societal ideals and also plays a role in shaping those ideals. "Over the past 30 years, magazine, and television programs have frequently, persistently and increasingly glorified a tall, willowy, youthful 'look' and emphasized strict weight management while vilifying fat as unhealthy, ugly and immoral" (Levine, Piran, & Stoddard, 1999, p.4). Through these images media plays an important causal role in body dissatisfaction. A meta-analysis of studies found that "body image was significantly more negative after viewing thin media images than after viewing images of either average size models, plus size models, or cars and houses" (Groesz, Levine, & Murnen, 2002, p.11). In order to reduce the negative effects of media on women, several authors have suggested that increasing media literacy, activism and advocacy may reduce body dissatisfaction in women (Levine et al., 1999; Irving & Berel, 2001). Media literacy in relation to reducing body dissatisfaction aims to increase the critical thinking about media that endorses thinness and dieting to lose weight. A study of 110 college aged students found that viewing "Slim Hopes" (Kilbourne, 1995), a powerful video about advertising and the societal obsession with thinness increased participants scepticism about the realism, similarity and desirability of media that depict a thin ideal of beauty (Irving & Berel, 2001). Media activism refers to efforts to protest or praise media that has been identified as conveying or contradicting undesirable, unhealthy messages. Most of the interventions designed to increase media literacy and activism have been geared to children, adolescents and college aged women. While these skills are being taught to youth, authors have suggested that "adult members of society should take the responsibility and be accountable for changing values and structures that undermines the well-being of youth" (Levine et al., 1999, p.1). Unfortunately, few interventions have been designed to help them to develop those skills.

Interpersonal Contributors

Interpersonal contributors to body image dissatisfaction are related to the transmission of cultural beauty ideals. Interpersonal and societal contributors are related in that, "Societal norms form and shape the more intimate social and interpersonal experiences that also affect body image" (Thompson et al., 1999, p.12). These societal ideals are then conveyed and reinforced to individuals by parents, partners, peers and strangers.

Parents affect the body image of their children through modeling body image attitudes and behaviours, as well as through their attitudes towards their children's weight shape and diet (Thompson et al., 1999). A parent who models body image dissatisfaction ideas such as weight concerns and disordered eating serves as a strong influence for same sexed children to engage in similar behaviours (Thelen & Cormier, 1995). In a study of 97 families with college aged children, Rozin and Fallon (1988) found that daughters are very much like their mothers in dissatisfaction with body image and with eating related practices (Rozin & Fallon A, 1988).

There is limited research on the influences of romantic partners on body image. We do know that romantic partners can influence women's body image through their comments, and indirectly through women's perceptions of preferred body shape and size (Paquette & Raine, in press). We also know marital status does not affect levels of body dissatisfaction (Friedman, Dixon, Brownell, Whisman, & Wilfley, 1999). It is however, unclear whether marital dissatisfaction leads to increased body dissatisfaction, or vice versa (Friedman et al., 1999). It has also been suggested that men value physical attractiveness in their partner more than women (Thompson et al., 1999) and that women inaccurately perceive their partner's preferences for them and chose figures that were thinner than the figures actually preferred by their partners (Tantleff-Dunn & Thompson, 1995).

Appearance-related teasing and criticism is one way that peers and strangers transmit appearance related beauty ideals. Although we mostly think of children and teens experiencing teasing and appearance related criticism the effects of these childhood experiences can influence the body image of women well into adulthood (Cash, 1995; Rieves & Cash, 1996; Grilo, Wilfley, Brownell, & Rodin, 1994). Cash (1995), found that women, 18-39 years of age, could recall appearance related teasing and criticisms from their childhood. As well, those women who reported having more prevalent and distressing experiences, in relation to teasing, had more body image dissatisfaction (Cash, 1995).

Individual Contributors

The causal roles of individual contributors in body image dissatisfaction are not as clearly presented in the literature as societal and interpersonal contributors. It is thought that, "one's disturbance at any point may be the net effect of one's baseline level of dispositional trait dissatisfaction and context within which one finds oneself" (Thompson et al., 1999, p.251). How individuals react to or internalize interpersonal and societal contributors to body image is thought to affect the level of body image discontent they will experience. Individual contributors are tied into how an individual responds to and interprets interpersonal and societal contributors to body image discontent and they affect the susceptibility of an individual to internalize societal ideals (Cash, 1997; Thompson et al., 1999). They are related to actual self- ideal self discrepancies (Strauman, Vookles, Berenstein, Chaiken, & Higgens E Tory, 1991), positive or negative internal dialogue, and personal assumptions about weight and appearance (Cash, 1997).

One individual contributor related to interpersonal functioning that has been linked to body image discontent is the ability to express emotions. Hayaki, Friedman and Brownell (2002) found "that a lower level of emotional expression is related significantly to greater body dissatisfaction when controlling for the effects of BMI, non-assertiveness, and depressive symptoms" (Hayaki, Friedman, & Brownell, 2002, p.60).

Body Image Interventions Previously Studied

Body image interventions that focus on the teen population have been well studied and documented. However, body image interventions have not been studied well in adult women (Allaz et al., 1998). Of the interventions that have been developed for adult women, many have included a weight loss component, which may be inappropriate for women with body image discontent who exhibit healthy weight. Other interventions that have been designed for the general adult population or adult obese population focus solely on individual weight control and feelings about appearance. Most of these programs have not been evaluated. There is a gap in programs that are designed for all women with body image discontent that focus on both individual concerns and the social environments.

Several programs with stated goals to improve body image in adult women are available in Canada. A review of these body image programs found that each program included the components that promoted weight loss (Paquette et al., 2002). This may be due to the fact that body image discontent and weight preoccupation become more prevalent as weight increases (Allaz et al., 1998; Hausenblas & Fallon, 2002). This has led many groups to develop programs that include a weight loss program under the guise of body image. There are two problems with including a weight loss component within a body image program. Firstly, although body image discontent and weight preoccupation become more prevalent as weight increases, many normal weight women still want to be thinner (Allaz et al., 1998; Manore, 1996). In fact, the majority of normal weight women experience weight dissatisfaction and body image discontent. By encouraging weight loss within a body image program one may be encouraging women who are at a healthy weight to lose weight which may result decreasing their overall health. Therefore, for women who exhibit a healthy weight, weight loss is an inappropriate and unhealthy method of improving body image (Allaz et al., 1998). Secondly, these programs attempt to achieve weight loss through restricting calories and increasing physical activity. It has been shown that 95% to 97% of persons who lose weight by these methods regain the weight within five years (Kassirer & Angell, 1998). Their new weight often exceeds their pre-diet weight (Garner & Wooley, 1991) suggesting that this method is ineffective in improving body image and may actually exacerbate the problem. To improve the body image of women, it may be more effective to develop health promotion programs that celebrate the benefits of healthy lifestyle and promote body satisfaction, without a focus on weight loss (Ikeda, 2000).

Ciliska (1998) developed and evaluated two body image interventions for obese women. These two programs had weekly sessions and were 12 weeks in length. One program was an education intervention and the other a psychoeducational intervention. These programs focused on a specific part of the population that deals with body image discontent, obese women. These programs also focused primarily on individual factors and were effective in showing improvements in self-esteem, encouraging a non-dieting or non-restrained pattern on eating, and improving body dissatisfaction, depression and social adjustment (Ciliska, 1998). These two programs were effective in reducing body image dissatisfaction of obese women in the short term; however, no data were available on long-term effects of these programs on body image constructs.

Thomas Cash, a well known author of multiple books and papers on body image, published "The Body Image Workbook: An 8-step program for learning to like your looks" in 1997. The 8-steps include:

- Step1: Comprehensive body image assessment
- Step 2: Body image education & self discoveries
- Step 3: Body image exposure & desensitization
- Step 4: Identifying & challenging appearance assumptions
- Step 5: Identifying & correcting cognitive errors
- Step 6: Modifying self –defeating body image behaviours
- Step 7: Body image enhancement activities
- Step 8: Relapse prevention & maintenance of changes

This book is designed as a self-help resource for the individuals working at self-directed change to attitudes and beliefs related to their body image. Strachan & Cash (2002) evaluated this program with 86 women and three men recruited from a college population. They found statistically and clinically significant improvement across multiple facets of body image and psychosocial functioning. Those who completed the program reported greater body satisfaction, less dysfunctional investment in their appearance, and reduced body image dysphoria over a range of situational contexts. However, these measures were only measured immediately post-intervention and therefore only measure short-term impacts of this program. Of those who enrolled in the program there was a 53% attrition rate, this high drop out rate may have been partially due to the self-directed nature of this program in that some people who wish to improve their body image have difficulty carrying out a self-directed program (Strachan & Cash, 2002). This self-help program has demonstrated to show short-term improvements in body image, yet longer term evaluation remains lacking. This program may meet the need for a program for motivated individuals focused on improving personal body image constructs in the short-term.

Many excellent body image programs have been developed to focus on individual factors in a variety of specific populations such as teens and obese women. However, there appears to be a lack of body image interventions that go beyond individual factors and explore the social environment in which body images are formed. Both individual and societal factors play a role in the development of body image, and attempting to modify individual factors in some cases may be the most appropriate way to explore certain body image issues. However, some body image issues may be more appropriately addressed through analysis and changes of our social environment. Long-term change of the social environment is more likely to be associated with long-term change in the prevalence in body image dissatisfaction in our society. It is for this reason that body image interventions should focus not only on the individual but also on the society and community in which they live.

> "Individual interventions alone will never fully be successful as long as society, as a whole, continues to accept an unhealthy emaciated image as its ideal. Social activism may be necessary to truly prevent the majority of young girls from growing up hating their bodies and appearances" (Thompson, Heinberg, Altabe, & Tantleff-Duff, 1999, p.120).

Context: The Local Body Image Program Evaluation

The local context included a research project that was conducted through the University of Alberta Centre for Health Promotion Studies and the Department of Agricultural Food and Nutritional Sciences. This research was composed of two phases: (1) a needs assessment and (2) program development and evaluation. The needs assessment was conducted with women in Edmonton to develop an in-depth understanding of the social and psychological factors that affect women's body image (Paquette & Raine, in press). This information was then used to guide program development in the second phase, which involved the development of two body image intervention programs for adult women. The objective of the second phase was to measure the impacts of the intervention programs on improving health behaviours, psychological empowerment, social change and body image in women, as well as to compare the process of a social change intervention with a traditional psycho-educational intervention. A traditional psycho-educational intervention was based on social cognitive theory and focused on changing behaviours. Individual behaviours addressed included assessing exposure to media, dieting behaviours, eating habits, physical activity, avoidance behaviours, relaxation, and developing assertive communication skills (Paquette et al., 2002). Paquette et al. (2002) found that involvement in the psycho-educational intervention resulted in significant positive impact on women's body image through increases in body satisfaction, decreased perception of body size, decreases in "dysfunctional eating" and decreased sensitivity to messages from family and friends. The social change intervention was based on an empowerment education model, with a focus on social change (Freire, 1970). Paquette (2004) found that involvement in the social change intervention resulted in significant positive impact on women's body image through increases in life satisfaction, mastery and self-esteem and decreases in body shape dissatisfaction and weight preoccupation.

While behaviour change strategies have been successful in showing short term improvements in women's body image they do not change the "toxic" social environment which promotes and sustains body image disturbance (Paquette et al., 2002). By incorporating a social change perspective throughout a behavioural change intervention it will enable women to develop skills that will result in long-term changes to their environment as well as enabling women to maintain health.

Research Question & Objectives

The research question is 'What is the process of body image change among adult women who participate in a 12 week body image intervention that combines social and individual behaviour change, and what is the impact of this program on the body image of participants?'

The specific objectives of this project are:

a. to develop a program that integrates behaviour and social change using empowerment education,
b. to facilitate the program with women aged 20-60,
c. to evaluate how the program affected the body image, public self-consciousness, social anxiety, mastery, self-esteem and psychological empowerment of the participants in the program through objective measures,

d. to describe how two groups of women progressed through the program and evaluate the factors that positively and negatively impacted the process,

e. to describe the process of body image change.

Hypothesis

The hypothesized impact was that the participants would experience changes in body image and related constructs over the course of the intervention.

CHAPTER THREE

Program Design

Context of the Study

This intervention program was developed with the learning from the larger, local body image study in mind. The first phase of the larger study was a needs assessment that strived to develop an in-depth understanding of the social and psychological factors that affect women's body image (Paquette & Raine, in press). From the information gathered in the needs assessment, two intervention programs were developed, a psycho-educational individual behaviour change intervention and social change intervention, as shown in figure 2. While facilitating the two previous interventions facilitators and participants identified several concerns. With the individual intervention it was found that several of the topics of discussion would have been more appropriate from a social change perspective and that even though the participants wanted to work on individual issues they were also interested in the broader social issues within their social environment. During the social change intervention it was found that although participants were interested in social issues they had individual issues they wanted to work on and resolve as well. In order to better meet the needs of the participants, this program combined information and activities used in the two previous interventions, as well as gathered new information based on participant requests in order to offer a program that was reflective of the needs of participants and that balanced the opportunities for individual and social change.

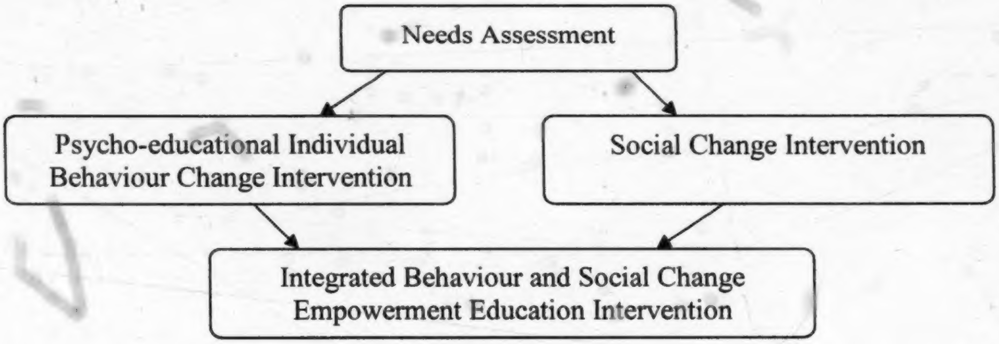
Needs Assessment
Psycho-educational Individual Behaviour Change Intervention
Social Change Intervention
Integrated Behaviour and Social Change Empowerment Education Intervention

Figure 2. Program design in the context of the larger project

Philosophy

The design of this intervention program was guided by various concepts including empowerment education (Wallerstein, 1992), social change, and feminist principles (Lindsey, 1997). Although these concepts have overlapping assumptions each one adds its own specific factors which make it important when discussing the program design.

Empowerment Education

It is not the responsibility, nor even within the ability of the researcher, to empower participants, rather it is the responsibility of the researcher to provide opportunities, and to design research such that empowerment may occur, and "to facilitate the community's effort to solve its own problems" (Beeker, Guenther-Grey, & Raj, 1998, p.832). Empowerment education was used in designing this intervention program. The empowerment model allows a widening of the lens of traditional psychosocial models of behaviour change to include not only individuals with body image dissatisfaction but also the social and structural context in which body image dissatisfaction develops (Beeker et al., 1998).

Empowerment is the process by which people, organizations, and communities gain mastery over their lives (Rappaport, 1984). Empowerment education engages people through a group dialogue process in order for them to identify their problems; to critically assess the social, historical, and cultural roots of their problems; and to develop action strategies to change their personal and social lives (Wallerstein, 1992). Empowerment education includes "listening to people's life experiences" as well as "developing dialogue about those issues uncovered during the listening" (Wallerstein, 1992, p.203). The empowerment education model has guided the group process, as well as the curriculum development for this study. A summary of Freire's key principles of empowerment education have been included in table 1.

Group process refers to the way in which the groups have been conducted and the way in which they proceed. Facilitated small group discussion was used as a way of listening and promoting dialogue. Small group discussion has been shown to develop a sense of connectedness and validation that women are not alone in their struggles, and an opportunity for women to work together for social change (Labonte, 1993). Empowerment education also guides the way that the facilitator works within the education process. Some specific outcomes associated with empowerment include shared leadership and decision-making and increased competence to collectively identify and solve problems in the community (Beeker et al., 1998). This intervention was designed in keeping with the empowerment education model and took every opportunity to design procedures and activities so that they may provide opportunities for empowerment.

Table 1.Freire's Six Key Principles of Empowerment (Kiser et al., 1995)

1	No education is ever neutral; it is either domesticating or liberating. Education is either designed to maintain the existing situation, imposing on the people values and culture of the dominant class or education is designed to liberate people, helping them to become critical, creative, free, active and responsible members of society.
2	People will act on issues around which they have strong feelings. Listening to identify issues which community members speak about with excitement, hope, fear, anxiety, or anger is key to the participatory process.
3	The whole of education and development are seen as a common search for solutions to problems. Each participant is recognized as a thinking, creative person with the capacity for action. The facilitator's aim is to help them identify the aspects of their lives which they wish to change, to identify the problem, find root causes of these problems, and work out practical ways in which they can set about changing the situation.
4	Genuine dialogue is important. A real learning community is where each shares their experiences, listens to, and learns from the others.
5	Reflection and action are essential. A facilitator can provide an opportunity for the community to stop, reflect critically upon what they are doing, identify any new information or skills that they need, get this information and training, and then plan action.
6	Radical transformation of life is for each person, the environment, the community, and the whole society. This type of education aims to involve whole communities actively in transforming the quality of life.

Social Change

"Achieving health is not just a matter of enabling people to take more responsibility for their health; it is also about naming the injustice, and taking action to address social and economic inequality" (Anderson, 1996, p.704). By including discussions on social concerns and skill building activities within the intervention, participants could seek to change determinants that lie beyond the control of the individual. Interventions designed only to change health-specific attitudes and behaviours can benefit motivated program participants but do little to address cultural, structural or other conditions that enhance women's vulnerability (Beeker et al., 1998). When social change is a component in the intervention, the intervention has the possibility of much greater impact on society than the individuals participating in the group. Any change they are successful in achieving will affect a much greater portion of the population. Also, through social change effects are much longer lasting, in that the participants may develop a set of skills as well as a network to react to those social influences and possibly continue to change them.

The assumption is that the participants, rather than the facilitator, drive social change efforts (Beeker et al., 1998). In this case, the facilitator provided background information and facilitated skill development, while the women determined if there were changes they wanted to see and decided how to make those happen and what initial steps to take. Adult women are an appropriate population to work with if a goal is social change. Hamilton and Cunningham (1989) make an interesting observation about the power of working with this population in that "adults acting collectively are the most able agents for community problem solving and change" (Hamilton & Cunningham, 1989, p.440). However, social change is not a twelve week or six month process. We understand that the length of this program may not be long enough to see many true changes that the participants are able to impact. Rather, the purpose of the social change component was to develop a network of women, interested in similar issues, and willing to work on these issues, to develop skills that help in efforts for social change, and to increase knowledge in body image issues that are grounded in the society and not solely in the individual.

Feminism

Feminist principles have informed the research design at various stages. Feminism is a theory with a specific political agenda: to give a voice to women's experience and to empower women to make positive changes in their individual lives as well as in their environment (Gould, 1987; Lindsey, 1997). The goals of this program are similar of that of the agenda above. Through the qualitative evaluation of the program, the experiences of the women were described, giving a voice to their experience. Through the examination of body image issues in society, concerns of the participants, people that are affected by societal norms and expectations in relation to body image, were articulated. Feminist research tends to be action oriented and attempts to empower women to recognize their strengths and to take action on their own behalf (Lindsey, 1997). During the intervention the women guided the direction of the program and topics of discussion. The women also decided on what social change activities they would like to work on as a group or as individuals.

"Feminist theories state that women in our culture gain status and value largely from their physical appearance, whereas men gain status and value from the broader range of qualities including strength, character, intelligence, competence and personality" (Wilcox, 1997, p.540). The hope was to see a shift away from this thinking within the groups, with the women recognising the strengths of the other women in the group and in their lives outside of the group.

Goals

The primary goal of the combined individual change and social change body image intervention was to improve the body image of the women in the group, while working with them on the development of skills and a social network, so that over time the women can work together to affect the social environment which is associated with body image discontent.

Participant Outcomes

Participants:

1. Participate in a group-based learning and support activities.
2. Develop knowledge on body image influences, their power on affecting these influences, and healthy behaviours.
3. Demonstrate skills with respect to assertion in responding to positive and negative influences related to body image.

Ultimately, these outcomes will lead to demonstrated improvements in body image constructs measured, as well as increased empowerment and participation in social change activities

Women Only Group

This program was developed for women and was evaluated with women only. There are several reasons for this choice. Firstly, it should be recognized that men do suffer from body image discontent, however, studies have shown that body image is more highly valued by women (Tiggerman, 1992; Pliner et al., 1990; Oberg & Tornstam, 1999). It has been shown that gender differences about eating, body weight, and physical appearance are evident across the life span, with women expressing greater weight-related concern than men (Pliner et al., 1990; Gupta & Schork, 1993). Women and men are also socialized differently about their bodies and therefore respond differently to issues related to them. Women are socialised to place greater importance on appearance than men (Pliner et al., 1990). Secondly, women only groups are appropriate because women feel safer and are more willing and comfortable to share experiences related to body image when no men are present (Cossrow, Jeffery, & McGuire, 2001). Finally, as this program was guided by feminist principles to work with vulnerable populations, women are seen as a vulnerable population with respect to this area of study. Development of a similar program for men may be an area of future research.

Program Organization

Program organization refers to the ‘how’ and ‘why’s’ of the predetermined part of group process. It includes such things as; how often the group will convene, the size of the group, the length of the sessions, the role of the facilitator, the general organization of the sessions, and topics included.

Group sessions occurred weekly over a period of 12 weeks and ranged from 90-120 minutes, with most sessions lasting 120 minutes. This was the length of time chosen for group sessions in the previous study and was found to be appropriate. The sessions started with a check-in; proceeded to facilitated discussions; and finished with a check-out. Check-in was a chance for the participants and the facilitator to share their experiences and thoughts from what was happening in their lives, specifically with respect to body image, the self-reflection topics and take home activities. The check-out was an opportunity for the participants and the facilitator to debrief about how they felt the session went, to discuss future direction of the group and describe how they are feeling at the end of the session.

Facilitated group discussion was the format with use of activities and videos to provide more information on a variety of topics and stimulate discussion. Facilitated group discussion was chosen as the format because it allows for the emergence of collective knowledge (Kiser, Boario, & Hilton, 1995). This occurs when participants share experiences and increase understanding of the social influences that affect their lives (Kiser et al., 1995).

Topics of the facilitated discussion, as well as the order in which they occurred were determined by the participants. The facilitator gathered necessary background information and planned activities based on participant input. Information gathered was used to fill gaps in the knowledge or resources of the participants. Based on topics that have been used in previous body image intervention programs in adult women (Paquette et al., 2002), current information on factors that affect body image, and input from participants, these were some of the topics that were chosen for discussion: 1)

Introducing ourselves, 2) Introducing our body image, 3) Media Literacy, 4) Media Activism, 5) Assertion what is it and why is it important, 6) Assertion practicing our skills, 7) Weight stigmatization, dieting dangers and deceptions, 8) What are healthy eating and active living, 9) Sources of Power, 10) Future plans for the group, 11) Sexuality and aging, 12) Evaluation & Celebration. Discussions were not limited to the above topics. A description of session goals, objectives and content outline used in the Edmonton sessions are shown in appendix A.

Facilitator Role

The facilitator was a woman between the ages of 20-30 years, living in a similar cultural and social environment to the participants. The facilitator was not an outsider, but was similar to the participants in that she fit the selection criteria for the study. The main difference in the facilitator from the participants was the leadership role taken in the beginning of the intervention.

The term of 'facilitator' is used rather than teacher or instructor to shift away from the health care professional as the "doer" and controlling the knowledge and information. The role of a 'facilitator' was to listen to what the participants were saying they needed or wanted and respond to those needs.

Theories of empowerment state that empowerment is both a process and an outcome. Empowerment occurs over several phases. Byrne (1999) states that there are three phases in the process of empowerment: (1) dependence on established leadership, (2) self-assertion, the expression of personal needs and wants, and (3) interdependence, collaboration with others to achieve common goals (Byrne, 1999). In the beginning the groups were dependent on the established leadership of the facilitator. As the group continued, it was the role of the facilitator to respond to leadership needs of the participants and help to move them towards interdependence, with some participants moving into leadership roles.

Summary

The development of this intervention was guided by the principles of empowerment, social change and feminism. The content of this program was guided by previous local experience with body image program evaluation, by the participants and by the literature. The participants guided the content through making decisions about when and what was discussed in the group sessions. The literature guided the way in which the content was discussed and provided insight as to what discussion questions were important to ask for the participants to develop a greater understanding. In essence because this intervention was participant driven, each time this intervention is used it may look slightly different depending on the composition and cohesion of the group.

CHAPTER FOUR

Methodology

Overview

The purpose of this study was to develop and evaluate a body image program for adult women that incorporated individual and social change. In order to evaluate the body image program, both qualitative and quantitative methods were used. Qualitative methods were used to evaluate the group process and quantitative methods were used to evaluate impact. Quantitative analysis assessed the impact of the program and whether effects happened as expected. The qualitative analysis can explain the effects and help us understand why things happened as they did. Qualitative methods can also find unexpected impacts and help us to develop a greater understanding of the issue. As the two methods and goals of evaluation are distinct they will be discussed separately in this section.

Sample Selection

Participants were women living either in the Red Deer or Edmonton (Alberta) areas, between the ages of 20 to 60 years. This population was chosen for study because of the high level of body image discontent among women aged 20 to 60 years and a lack of research on intervention programs in this age category. This wide age range was chosen to maximize the diversity of women who participated in the group sessions. As much of the discussion was based on the experiences of the women, having of a wide age range allowed women of older and younger ages to compare and discuss different experiences.

Participant Recruitment

Women who participated in the Edmonton group were the delayed intervention control group participants from the larger study. These women were recruited from public, private and government centres. Pamphlets and posters were left at medical and mammography clinics, fitness centres, parenting classes for low-income women, the Newcomer's Club, and a government office employing large numbers of women. Also the media ran stories about the research and participants were invited to participate through this. As the larger study only occurred in Edmonton and Calgary the women from the Red Deer group were recruited separately. The method chosen for recruitment for the Red Deer women was through the distribution of pamphlets and posters throughout the community, as well as referrals from community organizations.

Both volunteer and snowball sampling (Morse & Field, 1995) occurred in this study. The sample in this study is considered a volunteer sample because the potential participants were invited to contact the researcher. Snowball sampling occurred when the women responded favourably to the information provided in the screening process and invited friends to contact the researchers to join the group. This occurred with both the Edmonton and the Red Deer groups.

One limitation in participant selection was that the participants needed to be able to offer at least 24 hours of time over a 12 week period, on a specific day in order to be able to part of the study. The non-random selection of participants limits the generalizability of this research. However, the objectives of this research were more focused on understanding how this type of intervention program affects adult women and if this process is useful in improving body image.

Participant Screening

Women were screened for eligibility using a telephone screening questionnaire (Appendix D). Exclusion criteria included women with serious medical conditions, those who were pregnant or had a child less than one year of age as well as women with eating disorders. Women with eating disorders were excluded because the focus was on healthy women with normative body image discontent and the needs of women with eating disorders may have been greater than the capacity of the group. Women who had a serious medical condition were also excluded due the fact that their illness may affect their body image. Pregnant women and women with children less than a year old were excluded as it has been previously shown that women's body images are often affected by their pregnancy (Genevie & Margolies, 1987) and that at one year postpartum weight retention from the pregnancy may also affect body image (Williamson et al., 1994).

Intervention

Two intervention groups took place, one in Edmonton and one in Red Deer. Each group intervention ran for a period of 12 weeks, with sessions occurring weekly. The groups consisted of six and eight participants, with a total of 14 women who participated in the two groups. Although this was a relatively small sample size it allowed for a thorough evaluation of qualitative data. Group sessions ranged from 90-120 minutes. Each session started with a check-in and ended with check-out as described in the previous chapter. Facilitated group discussion was the format, with use of activities and videos to provide more information on a variety of topics and stimulate discussion.

Topics of the facilitated discussion, as well as the order in which they occurred were directed by the participants. A description of the program design is shown in appendix A.

Impact Evaluation

Quantitative Design

The purpose of collecting and analyzing quantitative data in the study was to determine the impact of the intervention on body image constructs, as well as related measures. To determine if this intervention program had an impact on body image constructs and related measures a single group pre-test post-test design was used (Neuman, 1997). The main limitation of this study design is the lack of a control group. However, it was not possible to use randomised treatment and control groups as the half of the participants in this study were delayed intervention control group from the larger study. Due to the lack of a control group one "cannot know whether something other than the treatment occurred between pre-test and post-test to cause the outcome" (Neuman, 1997, pg 25). The participants were tested prior to the intervention, immediately post intervention and six months post intervention using a self-administered questionnaire as presented in figure 3. Data from the participants in the Edmonton and Red Deer groups were combined in the quantitative analysis to increase statistical power.

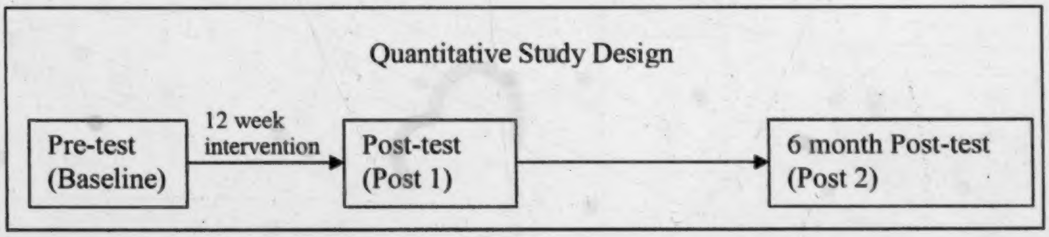

Figure 3. One Group Pre-test Post-test Quantitative Study Design

Data Collection

Quantitative data were collected via pre and post questionnaires that provided most of the data for the impact evaluation. The hypothesized impact was that the participants would experience: a change in eating behaviours and cognition associated with disordered eating; a change in measures of body image; a change in measures of body consciousness; and a change in psychological empowerment. The questionnaires that were used to measure impact were developed in the larger study and were comprised of several validated instruments that provided measures of body image constructs (Paquette et al., 2002). The questionnaires included the following instruments: The Multidimensional Body-Self Relations Questionnaire (Cash, 1994); The Self Consciousness Scale (Scheier & Carver, 1985); The Three Factor Eating Questionnaire (Stunkard & Messick, 1985); Body Size Drawings (Stunkard, Sorenson, & Schlusinger, 1983); Mastery Model (Pearlin, Lieberman, Menaghan E.G., & Mullan, 1981); Self-Esteem Model (Rosenberg, 1965); and Psychological Empowerment (Zimmerman, 1990). Questionnaires were administered at baseline (prior to intervention), immediately post intervention (three months past baseline) and six months post intervention (nine months past baseline) as per the initial study protocol. All the data received through the questionnaires were double entered into Microsoft Excel spreadsheets to ensure accuracy and then transferred into SPSS version 10.0 for analysis (SPSS Inc, 2000).

Multidimensional Body-Self Relations Questionnaire

The Multidimensional Body-Self Relations Questionnaire is a 69-item inventory that assesses cognitive, behavioural and affective components of body image (Brown, Cash, & Mikulka, 1990). The following subscales were chosen to be included in the questionnaires: appearance evaluation, appearance orientation, overweight preoccupation and body area satisfaction. The appearance evaluation subscale consists of seven items that measure feelings of physical attractiveness or unattractiveness as well as satisfaction or dissatisfaction with one's looks (Cash, 1994). The appearance orientation subscale measures the extent of investment one places on their appearance and the extent to which the individual engages in appearance related activities (Cash, 1994). The subscale overweight preoccupation consists of four items that assess fat anxiety, weight vigilance, dieting and eating restraint (Cash, 1994). The body area satisfaction scale consists of nine items that assessed the individual's satisfaction with specific body parts and aspects of the body (face, hair, lower torso, mid torso, upper torso, muscle tone, height, weight and overall appearance). The endpoints of the rating scale for body satisfaction were different than the previously described subscales in that the individual rated their satisfaction with each body area on a five point scale from very dissatisfied (0) to very satisfied (4).

Self Consciousness Scale

The Self Consciousness Scale was used to measure both public self-consciousness as well as social anxiety. Public self-consciousness is the extent to which an individual pays attention to how they are perceived by others. An eight-item subscale developed by Scheier and Carver (1985) was be used. The highest possible level of public self consciousness was six and the lowest was zero (see appendix F for scale calculations). Social anxiety assesses discomfort in social situations. As with public self-consciousness, the highest level of social anxiety is six and the lowest is zero (see appendix F for calculations). A six-item subscale developed by Scheier and Carver (1985) was used. Both scales will use a seven point likert scale indicating strongly agree, disagree, slightly disagree, neutral, slightly agree, agree, or strongly agree. Both scales have been shown to have strong internal consistency when measured in a general population study (Scheier & Carver, 1985) and have been included in appendix F.

Mastery and Self-Esteem

Mastery and self-esteem are two dimensions of self-concept. Mastery refers to the extent to which people see themselves as being in control of the forces that importantly affect their lives (Pearlin et al., 1981). A seven item scale developed by Pearlin et al. (1981) was used to measure mastery, as shown in appendix G. It utilized a five point likert scale with answers ranging from strongly agree to strongly disagree. Self-esteem refers to judgements one makes about one's own self-worth. A ten item scale developed by Rosenberg (1965) was used to measure self-esteem, as shown in appendix H.

Three Factor Eating Questionnaire

The Three Factor Eating Questionnaire was used to measure cognitive restraint and disinhibition in eating (Stunkard & Messick, 1985). The third factor was hunger which was not measured in this study. Cognitive restraint is the degree to which individuals restrict food intake in order to control body weight (Westenhoefer, Stunkard, & Pudel, 1999). There are 20-items in this questionnaire that are designed to measure cognitive restraint and the degree to which individuals restrain eating behaviours. Higher scores indicate increased restraint, scale shown in Appendix I. Disinhibition is the lack of ability to control natural impulses. The 16-items in this questionnaire scale, that are designed to measure disinhibition of eating habits in relation to lack of control individuals may have over their eating habits are shown in Appendix I. Higher scores on this subscale indicate increased disinhibition.

Body Size Drawings

Body size drawings were used to measure perceived current and ideal body shapes. Body dissatisfaction is assessed by measuring the discrepancy, or difference, between current and ideal figure rating (Stevens & Tiggemann, 1998). The body size drawings are a set of nine female schematic figures ranging from underweight to overweight, and are shown in appendix J (Stunkard et al., 1983). In the questionnaires that were used the participants were asked two questions in relation to the figure drawings. First to "select the figure most resembling your current body shape", and second to "select the figure most resembling what you would like to look like in the future". The difference between ratings is a discrepancy index and is considered to represent body dissatisfaction (Gardner, Friedman, & Jackson, 1998). This method of measuring body dissatisfaction has been criticized for several reasons. Some of these criticisms include: the scale is very coarse and that it offers discrete options where continuous would be more appropriate; the presentation of the silhouettes on a single sheet of paper with figure arranged in ascending size from left to right; and because the silhouettes represent an ordinal scale statistical procedures are limited to nonparametric measures (Gardner et al., 1998). Even though there are several limitations to using the body size drawings they remain a practical method of measuring body dissatisfaction.

Empowerment

Empowering experiences are described by Zimmerman (1990, p.71) as "ones that provide opportunities to learn skills and develop a sense of control", they also have the potential to "help individuals limit the debilitating effects of problems in living". Two aspects of empowerment, participation in civic groups and being active in community life were measured. These two aspects were chosen because this was the only scale available, at the time this study was developed, to measure empowerment in quantitative terms. These measures were adapted from Zimmerman in the larger study and are included in appendix K. Higher scores indicate increased action or participation, the highest possible scores being one, and the lowest possible scores being zero (see appendix K for subscale calculations).

Data Analysis

The objectives of the quantitative data analyses were to evaluate how the program affected the body image, public self-consciousness, social anxiety, mastery, self-esteem and psychological empowerment of the participants through objective measures. Matched pair two-tailed t-tests were used determine if there was a systematic difference between pre-intervention and immediately post-intervention, and between pre-intervention and six months post-intervention. Data from both Red Deer and Edmonton participants (n=12) were combined to increase statistical power.

Process Evaluation

Qualitative Design

Qualitative data were used to describe the group process, to provide a greater understanding of sources and solutions for body image discontent in this age group, to provide rich contextual information to guide future program development in this area as well as identify any unexpected outcomes not measured through the quantitative evaluation. The case study methodology was used to guide the process evaluation of the two intervention groups.

The case study method allows for the exploration of 'bounded systems' over time through detailed, in-depth data collection involving multiple sources of information rich in context (Creswell, 1997). These intervention groups fit well into the description of bounded system: as they were a set length of time, 12 weeks, and worked with a set number of participants. The case study methodology is a way of learning about a complex instance through extensive description and contextual analysis (Davey, 1991). It was expected that the group process for each of the groups would differ slightly because they were participant driven. Therefore, each of the two groups, Red Deer and Edmonton were considered as separate cases. The qualitative data were analysed to see the process the group took throughout the sessions for each group. The groups were then compared to determine what differences occurred and to look at possible reasons why the process occurred differently from group to group. As well, the qualitative data from both groups together were used to theorize a process of body image change through the intervention.

Data included audio tapes of the group sessions, facilitator journal entries as well as items that members of the group brought into the group for discussion. The qualitative data also served to complement the quantitative data in measuring the impacts of the intervention.

Data Collection

Data sources included audio-recordings of the group sessions, a facilitator's journal, participant final evaluation (appendix M) and artefacts collected (e.g. articles brought into the group sessions, information written on flip chart paper) and used during the group sessions. By choosing methods that complement and enrich each other a greater understanding of the effect of this project on women and body image can be developed. Audio-recordings of each of the group sessions were the responsibility of the facilitator. Each of the sessions was audio-taped, except for when the participants were split up to do work on smaller group work or when a video was being shown, in which case the audio-recording was stopped. The only session where an audiotape was not available was from session four of the Edmonton session because the audio recording equipment did not work during that session. The tapes were stored to ensure confidentiality was maintained. Artefacts were collected during the group sessions. Items such as information written on flip-chart paper by the participants, advertisements or any other items produced or brought into the group sessions that were given to the facilitator were included as data. The facilitator's journal included information on program implementation, group process and program effectiveness. Guidelines for the facilitator's journal entries, as shown in appendix C, were developed to ensure that appropriate information was gathered that supported a process evaluation to occur (Chambers, 2000).

Data Analysis

"Data analysis is the process of bringing order, structure, and interpretation to the mass of collected data" (Marshall & Rossman, 1999, p.150). The mass of collected data in this study included audio-recordings, journals, and artefacts. The research question and the related literature discussed earlier provided guidance for the data analysis. The analytical procedures fell into several phases: (a) familiarization with the data, (b) organization of the data, (c) generating categories and themes, (d) coding the data, (e) testing emergent understanding and interpretations, and (f) writing the results.

Familiarization with the data included reviewing the audio-recordings, journals and artefacts. This review involved listening to the audio-recording, reading the journal entries and reviewing the artefacts from each of the sessions. The goal was to re-familiarize the data and to start to develop a general impression of the process of each of the group sessions. A new journal was started at this time to describe general impressions and thoughts about possible themes and coding.

The organization of the data involved developing general descriptions of how each of the sessions was conducted. The curriculum, order of the activities, major events, and major points of discussion were described in the researcher journal along with the times when these events occurred, based on the tape counter number. Also, information and discussion that were outside of the normal curriculum were described. Initial generation of themes was started as the tapes were reviewed.

Data were organized by coding data based on the initial generation of themes. Each of the group sessions was summarized with content throughout the session divided into initial themes. The data on each theme was then plotted in tables. The tables consist of the theme on the right and each of the two cases following from right to left. This allowed for ease of comparison between the two groups. Throughout this process was the development of the interpretation of these results.

To ensure trustworthiness of the results, credibility, transferability, dependability and confirmability were taken into account. Credibility is demonstrating that the study was conducted in such a manner as to ensure that the subjects was accurately identified and described (Marshall & Rossman, 1999). In order to ensure credibility in-depth descriptions of the process and interactions were provided. Transferability is the ability to generalize or use the findings with a similar population or in a similar situation (Marshall & Rossman, 1999). In order to increase transferability multiple cases were described as well multiple sources of data were used in the evaluation. Dependability is related to taking into account the changing conditions of the social world in which the study was conducted. This was be ensured through the description of significant world events that occurred around the time of the interventions. Finally, confirmability is related to ability of another researcher to find similar results with the same participants under the same study conditions. Confirmability was ensured through peer debriefing and journaling.

Ethical Considerations

When designing any research project it is important to consider ethics. Several of the guiding principles of Tri-Council Policy Statement (Interagency Advisory Panel on Research Ethics, 2003) are described in the following as they are of particular interest in this research study. They include: respect for human dignity, respect for free and informed consent, respect for privacy and confidentiality, and balancing of harms and benefits.

Respect for human dignity is related to protecting the multiple and interdependent interests of a person, from physicality, to psychologically, to cultural integrity (Interagency Advisory Panel on Research Ethics, 2003). Archibald (1993) discussed the use of mutual respect in her research. To show mutual respect, we need to honour individual differences of opinion, experience and knowledge. A question that helped to determine if mutual respect was achieved was, 'are the stories the participants have shared about themselves represented in a manner that is true to the context in which they were discussed?' This question is important when working with qualitative case study methodology since it is grounded in the lived experiences of people and attempts to interpret complex social interactions as expressed in daily life and with the meanings of the participants themselves attribute to these interactions. Showing mutual respect might be one way to ensure human dignity in case study research.

The empowering process of the research needs to start from the very initial meeting of the participant and the researcher. One way that the participants start to feel empowered is through free and informed consent. This refers to respect for an individual's capacity to make free and informed decisions. Ensuring participants are aware of the research they are participating in and allowing participants to react to research findings are equally important with consent (Interagency Advisory Panel on Research Ethics, 2003). One way to ensure participants are really aware is to avoid research jargon and ensure that the information sheet and consent form are worded in a way that makes it easy for the participant to understand (Massat & Lundy, 1997). Providing complete and accurate information about this project to the participants was to assist them to make decisions and feel like partners in the research. As well, participants need to be explicitly advised that they may stop participating in the research at any time without consequence. Failing to do this may leave a participant feeling powerless that she could not withdraw from the study. With these concepts in mind an information sheet and consent form were developed. Participants were provided with the information sheet and consent form that was reviewed with the participant by the facilitator prior to signing.

The consent form was approved by the University of Alberta, Faculty of Agriculture, Forestry and Home Economics Human Ethics Research Board. A copy of the information sheet and consent form has been included, as shown in appendix B.

The possible benefits and discomforts for the participants were outlined on the information sheet. When doing body image research it was possible that participant may have realized that her level of discontent is beyond normative and that they may have been in need of help from a specialized professional. It was the responsibility of the researcher to make sure these services were available in the area of study prior to commencing the study. It was also the responsibility of the researcher to talk with the administrators of these services to ensure that they would be willing to accept self-referrals or referrals from the researcher with participant consent. In Red Deer, the David Thompson Health Region (DTHR) and the Alberta Mental Health Board (AMHB) developed a list of appropriate professionals for referral and one number was provided on the consent form which the participants could call if they were in need of further help. In Edmonton, the Eating Disorder Education Organization compiled a similar list and their number was included on the consent form for Edmonton participants.

Confidentiality and Anonymity

When writing case studies on groups the assumption between the participants and the researcher is of strict confidentiality. Some of steps taken to ensure confidentiality were to erase or destroy the tapes of the group sessions after transcription was completed and the tapes had been double checked for accuracy. Pseudonyms were given to participants throughout qualitative documentation. Code numbers were used on the quantitative data. Also, because the participants shared information within the group setting it was important for the group facilitator to work with the participants to set ground rules for the group. Confidentiality was included in the group ground rules and was discussed in the initial session to ensure participants understood the meaning and importance of this. However, even when great care is taken to ensure confidentiality occasionally the participants' identities become unmasked (Layton, 1999). To ensure the participants identities were kept confidential, the quotes used in the qualitative findings were reviewed to ensure minimal personal information was shared, while maintaining the original meaning of the quote (i.e. pseudonyms were used for other individuals named within quotes, quotes do not include participant occupations, quotes do not reveal the cultural background of participants).

Dissemination Plan

"Be generous in spirit and deed" are important words to remember during the dissemination process (Massat & Lundy, 1997). Researchers are not the only ones who should benefit from the research; participants should be receiving something in return for their contribution. The two ways that were are planned, as a way, to give something back were through the dissemination plan as well as a small gift at the end of the interventions. Research findings can serve as a form of advocacy for vulnerable populations; as researchers we have the obligation to disseminate our findings to both scholars and policy makers (Massat & Lundy, 1997). The first priority of dissemination will be to stakeholders including the participants, DTHR and AMHB. As well, other practitioners in women's health and policy makers will be targeted for dissemination. Publications will be submitted to appropriate peer-reviewed journals and results will be presented at scientific conferences so that information gained through this study may be shared with interested professionals. Publications in the fields of nutrition, psychology, sociology and health promotion will be targeted. Popular press and media will also be another avenue of dissemination.

Affiliations

As the interventions occurred in two separate cities, affiliations were based on appropriateness to each area. The participants in the Edmonton group were recruited via the larger project conducted by the University of Alberta with partnerships between the Department of Agricultural Food and Nutritional Sciences and the Centre for Health Promotion Studies. The Red Deer intervention group relied on the support of Regional Public Health in the DTHR through use of facilities (a room in which to hold the group), and resources such as a phone line in their building. The AMHB had recently begun an initiative to prevent eating disorders and promote healthy body image in Alberta. The central Alberta representatives of this AMHB initiative have shown keen interest in this research proposal from the outset. Working with these key organizations and others within the community helped to develop sustainable community support for this project and future efforts in this area.

CHAPTER FIVE

Quantitative Findings

Questionnaire Completion

Questionnaires were distributed to all participants at three times, prior to the intervention (baseline), immediately following the intervention (post one), and six months after the completion of the intervention (post two). Baseline data were available on 12 (85.7%) of the 14 participants, post one data were available for eight (57.1%) of the participants, and post two data were available for five (35.7%) of the participants. Of the 14 participants that started in the study, one participant dropped out after the first session and one participant dropped out after the fifth session, with the other 12 participants remaining to be involved in the study through varied levels of participation at group sessions over the course of the intervention.

Although only two participants dropped out of the intervention, the response rate to filling out the questionnaires at post one and post two was low. There are several explanations for the low response rate. The questionnaire took approximately 30 minutes to complete. The participants from Edmonton had already completed three similar questionnaires as part of the larger project, prior to completion of the post one and post two questionnaires for this study. Also, participants mentioned during the group discussions that filling out the questionnaires had been an emotional experience for them,

> *I just did that questionnaire today and that really made me think, because I was all over the map. I'd be filling it out, thinking I really feel good about myself. I don't get afraid, I'm not nervous. But then some of the stuff, I guess I do put a lot of pressure on myself and I do judge myself a lot. I guess I didn't realize it, never*

> *sat down and evaluated it even though that's not what it was. But it makes you think about statements and what they mean to you. It made me think about what we are going to cover and maybe at the end I will feel differently* (T1S1 123, Session 2, Julie[a]).

A third possible reason for low response at post one and post two was that no incentive was provided for filling of the questionnaire. As well, follow-up requests on non-returned questionnaires did not occur for the Edmonton group, and although follow-up phone calls and e-mails did occur with the Red Deer group it did not result in any more questionnaires being returned.

Demographic Information

The demographic information collected included age, marital status, employment, education, income and whether they had children or not. The age of the participants varied from 20 to 59 years of age, covering almost the entire age group that the program was open to. Most of the women were between 41-52 years of age group with eight (57%) participants within that age group. Marital status at baseline indicated that just over half of the participants (eight participants or 57.1%) were married or common law, and just under half were single or not in a committed relationship (six participants or 42.8%). Ten (71.5%) of the participants had children, while four (28.6%) did not. Employment status at baseline indicated that four (28.6%) participants were not employed outside the home, two (14.3%) were employed part time and eight (57.1%) were employed full time. The education status at baseline of participants was as follows, eight (57.1%) participants indicated that their highest level of education was the completion of a high school diploma, three (21.4%) participants had completed some university and three (21.4%) participants had completed a university degree. This education level of participants was higher than the education level of the general Alberta female population according to Statistics Canada Community Profiles (2001). Income was varied among the participants, as seen in table 2, with ten (71.5%) participants having a household income of greater than $49,000/year, and the median household income range for the groups being $50,000-59,000/year. According to Statistics Canada Community Profiles (2001), the median income for Albertans over the age of 15 is 23,025. The demographic information suggests that participants were mostly between the ages of 41-52 years, most of the participants were employed outside the home, most of the participants had children, and the participants were generally more educated and wealthier than the general population.

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[a] In T1S1, the 'T' refers to the tape number and the 'S' refers to the side of the tape with the number referring to the place on the tape counter. All names are pseudonyms.

Table 2. Baseline Income Levels of Participants

Income	Frequency	Percent
Less than $20,000/year	1	7.1
$20,000 - $29,000/year	1	7.1
$30,000 - $39,000/year	1	7.1
$40,000 - $49,000/year	1	7.1
$50,000 - $59,000/year	4	28.6
$70,000 – or greater	6	42.9

Multidimensional Body-Self Relations Questionnaire

The Multidimensional Body-Self Relations Questionnaire (MSBRQ) was used to measure appearance evaluation, appearance orientation, overweight preoccupation and body area satisfaction.

Appearance evaluation measures body image through feelings of physical attractiveness or unattractiveness, as well as satisfaction or dissatisfaction with one's looks (Cash, 1994). Higher scores on this scale indicated greater body satisfaction. There was a significant increase in appearance evaluation means, as shown in table 3, between baseline and post one. Although there was no significant change between baseline and post two, there was a trend towards and increase in appearance evaluation over the long term

Table 3. Paired Sample Means and p-values for MSBRQ constructs

	Short Term Evaluation (0-3 months)				Long Term Evaluation (0-9 months)			
	Baseline	Post 1	N	p-value	Baseline	Post 2	N	p-value
Appearance Evaluation [1]	2.06 ±0.70[2]	2.71 ±0.86	7	0.032	2.06 ±0.78	2.83 ±0.68	5	0.055
Appearance Orientation [3]	3.56 ±0.59	3.36 ±0.82	7	0.297	3.70 ±0.47	3.63 ±0.49	5	0.577
Overweight Preoccupation [4]	1.79 ±0.42	1.71 ±1.00	7	0.815	1.60 ±0.29	1.30 ±0.69	5	0.356
Body Area Satisfaction [5]	2.02 ±0.70	2.16 ±0.75	7	0.425	1.90 ±0.88	2.30 ±0.71	5	0.030

[1] The possible range of means for appearance evaluation are 0.57 - 4.57

[2] Mean ±Standard Deviation

[3] The possible range of means for appearance orientation are 0.67 - 4.67

[4] The possible range of means for overweight preoccupation are 0 - 4.0

[5] The possible range of means for body area satisfaction are 0 - 4.0

[1, 3, 4, 5] Calculations for the all above subscales can be found in appendix E

[1, 3, 4, 5] Above scales and calculations from the MSBRQ (Cash, 1994)

The appearance orientation subscale measures the investment that one places on their appearance and the extent to which they engage in appearance related activities (Cash, 1994). The overweight preoccupation subscale assesses fat anxiety, weight vigilance, dieting, and eating restraint. There were no significant changes in appearance orientation or overweight preoccupation over the course of the intervention, as shown in table three.

Cash and Henry (1995) published comparison of population reference data for appearance evaluation and overweight preoccupation from 1985 and 1993. Their surveys included 973 women in 1985 and 803 women in 1993 and the women in these surveys were between 18 to 70 years old. They found that 1985 to 1993 there was a significant decrease in both appearance evaluation and overweight preoccupation, as shown in table 4. Although, these samples were significantly larger than the sample in this study, and the age range used was slightly broader in the reference sample, if the population reference data from 1993 are compared to the baseline data, as shown in table 4, the participants in the current study were less satisfied with their appearance and less preoccupied with their weight than the reference population.

Table 4. Comparison of Current Baseline data to 1985 and 1993 Reference Values [1]

	1985 Survey		1993 Survey		Baseline Data	
	Mean ±SD	N	Mean ±SD	N	Mean ±SD	N
Appearance Evaluation	3.37 ±0.87	973	2.93 ±0.50	803	1.85 ±0.63	12
Overweight Preoccupation	3.05 ±0.95	973	2.85 ±0.91	803	1.81 ±0.51	12

[1] 1985 and 1993 Survey data from Cash & Henry 1995 (pg 25).

The body area satisfaction scale assesses an individual's satisfaction with specific body parts (hair, face, lower torso, mid torso, upper torso, muscle tone, height, weight and overall appearance). This scale was used to determine both total body area satisfaction and satisfaction with individual body areas.

Body area satisfaction item scores were summed and averaged to determine means of total body area satisfaction, as shown in appendix E. Higher means indicate increased level of contentment with most areas of their bodies. Mean body area satisfaction increased significantly between baseline and post two, as shown in table 3, however there was no significant change between baseline and post one. Due to the small sample size and lack of a control group it is difficult to determine why improvements were not significant over the shorter term. It is possible that through empowerment education and social change it takes more time to produce changes in individual body image constructs and that positive change continued over the longer term, after the end of the intervention.

Data on specific body areas were reviewed, and summarised in table 5, to determine the greatest areas of baseline discontent. As suspected the greatest area of dissatisfaction at baseline was with weight. It has been reported that body weight accounts for 60% of overall satisfaction with appearance (Garner, 1997). In 1993, using body area satisfaction questionnaire Cash and Henry (1995) found that only 46%, of the 803 women he studied, were dissatisfied with their weight. At baseline, as shown in table 5, 11 (91.7%) participants indicated some level of dissatisfaction with their weight, while only 1 (8.3%) participant indicated satisfaction with their weight. These findings show a greater percentage of women are dissatisfied with their weight than Cash and Henry's

(1995) reference population. However, these findings are similar to a later study in which Garner (1997) studied 3,452 adult women and found that 92% were dissatisfied with their weight. The greatest area of satisfaction at baseline was with height, as shown in table 5.

Table 5. Baseline Levels of Dissatisfaction with Individual Areas [1] (n = 12)

	Face (no) (%)	Hair	Lower Torso	Mid Torso	Upper Torso	Muscle Tone	Weight	Height
Very or Mostly Dissatisfied	3 25.0%	7 58.3%	9 75.0%	9 75.0%	6 50.0%	5 41.7%	11 91.7%	0 0%
Neutral	1 8.3%	0 0%	1 8.3%	1 8.3%	2 16.7%	3 25.0%	0 0%	1 8.3%
Mostly or Very Satisfied	8 66.7%	5 41.7%	2 16.7%	2 16.7%	4 33.3%	4 33.3%	1 8.3%	11 91.7%

[1] From the body area satisfaction scale of the MSBRQ (Cash, 1994)

Data on specific body areas were analysed to determine if there were any significant changes in satisfaction related to specific body areas. No significant differences between baseline and post one, or baseline and post two for any of the specific body areas were demonstrated, except with weight. Low numbers of participants and little focus on these areas within the intervention make the lack of changes in satisfaction with other areas not surprising.

The body area of greatest discontent at pre-intervention, and the only specific area where significant increases in satisfaction were demonstrated over the course of the intervention was weight. More focus was given to weight dissatisfaction during the intervention, than any of the other areas mentioned. This is likely why we see, in table 6, a significant increase in mean body weight satisfaction between baseline and post two. There was no significant change in weight satisfaction between baseline and post one.

The only improvement in satisfaction occurred between baseline and post two. This pattern of increased satisfaction over the long term is consistent with total body area satisfaction in this study where the improvements were shown between baseline and post two rather than between baseline and post one.

Table 6. Paired Sample Means and p-values for Satisfaction with Specific Body Areas

	Short Term Evaluation (0-3 months)				Long Term Evaluation (0-9 months)			
	Baseline	Post 1	N	p-value	Baseline	Post 2	N	p-value
Face[1,2,3]	2.57 ±0.79	2.57 ±0.79	7	1.000	2.00 ±1.41	2.20 ±0.84	5	0.621
Hair	2.29 ±1.60	3.00 ±1.00	7	0.094	2.20 ±1.64	2.80 ±1.10	5	0.208
Lower Torso	0.86 ±1.07	1.43 ±1.27	7	0.103	1.00 ±0.71	1.80 ±0.84	5	0.099
Mid Torso	1.43 ±1.62	1.43 ±1.62	7	1.000	1.40 ±1.95	1.60 ±1.34	5	0.621
Upper Torso	2.29 ±0.95	2.29 ±0.95	7	1.000	2.20 ±1.30	2.60 ±0.55	5	0.374
Muscle Tone	2.43 ±1.27	2.00 ±1.16	7	0.078	2.60 ±1.14	2.60 ±1.14	5	1.000
Weight	0.71 ±1.11	1.29 ±1.70	7	0.103	0.40 ±0.55	1.4 ±1.14	5	0.034
Height	3.57 ±0.54	3.29 ±0.76	7	0.172	3.40 ±0.99	3.40 ±0.55	5	1.000

[1] Possible range of means for each area was 0 to 4.00

[2] Scales were calculated by summing and averaging the scores

[3] From the body area satisfaction scale of the MSBRQ (Cash, 1994)

Body Size Drawings

Body size drawings measure perceived current and ideal body shapes, as well as the discrepancy between the two. Body dissatisfaction is assessed by measuring the discrepancy between current and ideal, the greater the difference the greater the dissatisfaction. Data from this scale were analyzed in three ways: participants' perception of their current figure, what participants see as their ideal figure, and how the perception of their current figure differs from their ideal figure.

Figure 4, summarizes the participant's responses at baseline and post one regarding their perceived current body shapes. Over the course of the sessions, no participant indicated that they had actually changed in weight or shape and no visual changes in weight or shape were noted, however between baseline and post two there was a significant decrease in mean perception of current body shape. There was no change in participant mean perceptions of body shape between baseline and post one, as shown in table 7. Significant decreases in perception of current shape suggest that participants were able to assess their body shape more accurately and objectively following the intervention. Interestingly the significant change again occurred between baseline and post two, suggesting that positive changes continued following the completion of the intervention.

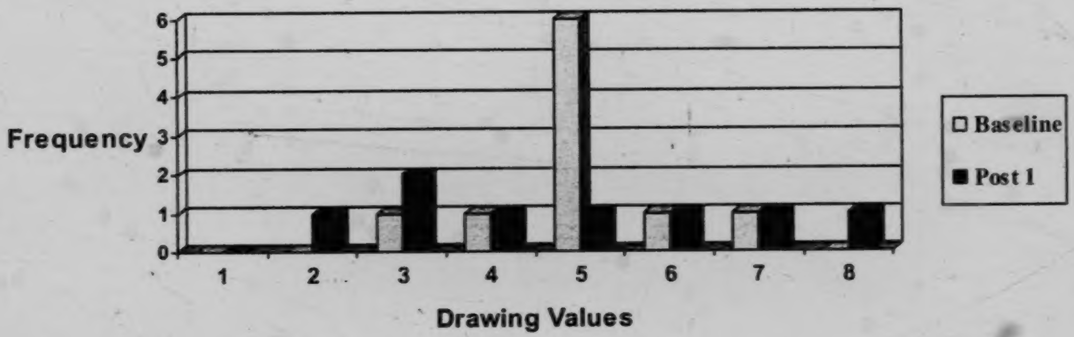


Figure 4. Perceived current body shape at baseline and post one (Based on Body Size Drawings from Stevens & Tiggemann, 1998)

Table 7. Paired Sample Means and p-values for Body Size Drawings [1]

	Short Term Evaluation (0-3 months)				Long Term Evaluation (0-9 months)			
	Baseline	Post 1	N	p-value	Baseline	Post 2	N	p-value
Perceived Current Body Shape [2]	4.86 ±1.21	4.29 ±1.80	7	0.172	4.75 ±0.50	3.25 ±0.50	4	0.014
Discrepancy [3]	2.00 ±0.82	1.71 ±1.40	7	0.522	2.00 ±0.82	1.00 ±0.81	4	0.182
Perceived Ideal Body Shape	2.86 ±0.69	2.57 ±0.54	7	0.172	2.25 ±0.50	2.75 ±0.50	4	0.182

[1] Body Size Drawings from Stunkard, Sorenson, & Schlusinger (1993)

[2] Possible range of means for perceived current body shape, discrepancy and perceived ideal body shape are 0-8

[3] Calculation for discrepancy was current – ideal

To determine what participants' considered to be their ideal body shape, they were asked to select the figure most resembling what they would like to look like in the future. The most frequent response at baseline, post one and post two for an ideal figure was figure three, as shown in figure 5. At baseline, post one and post two the range of figures that participants indicated as ideal were from two to four, also shown in figure 4. This is a very narrow range of figures, considering the wide range of current figures indicated. The figures chosen as ideal, fit within societal norms for expectations of body shape and no significant changes in perceived ideals were demonstrated over the course of the study, as shown in table 7. There was also no significant change in discrepancy between perceived and ideal body shapes, as shown in table 7.

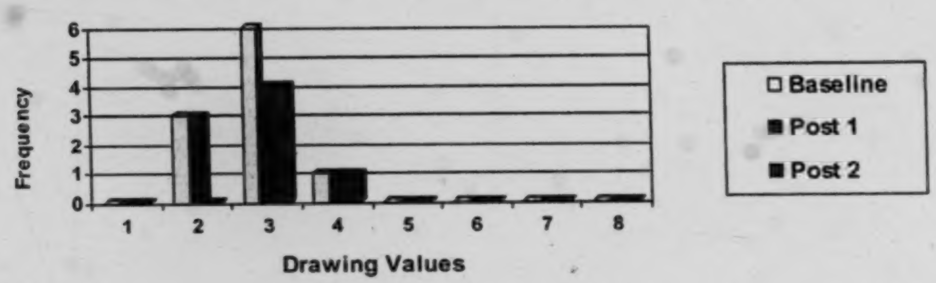


Figure 5. Perceived ideal body shapes of participants at baseline, post one, and post two (Based on Body Size Drawings from Stunkard, Sorenson & Schlusinger, 1983)

Self Consciousness Scale

The self consciousness scale is divided into two subscales, a public self-consciousness subscale and a social anxiety subscale. Public self-consciousness is the extent to which an individual pays attention to what others perceive. Social anxiety is the level of discomfort an individual experiences in social situations.

Higher scores on the public self-conscious scale indicate greater concern about what others think. A significant decrease in public self consciousness occurred between baseline and post two, as shown in table 8, however was no change between baseline and post one. Indicating that over the course of the study there was a significant decrease in the extent that participants paid attention to what other people think about them. Again this pattern of body image change is similar to what was demonstrated with total body area satisfaction and weight satisfaction. In relation to the social anxiety scale, there was no significant change in the level of discomfort participants experienced in social situations.

Table 8. Paired Sample Means and p-values for Body Image Related Constructs

	Short Term Evaluation (0-3 months)				Long Term Evaluation (0-9 months)			
	Baseline	Post 1	N	p-value	Baseline	Post 2	N	p-value
Public Self-consciousness [1]	4.29 ±1.08	3.46 ±1.37	7	0.187	4.20 ±1.27	2.63 ±0.54	5	0.014
Social Anxiety	3.81 ±1.64	2.55 ±1.66	7	0.077	2.25 ±1.40	2.58 ±1.16	5	0.160
Mastery [2]	4.16 ±0.36	4.32 ±0.39	7	0.244	3.94 ±0.37	4.29 ±0.56	5	0.118
Self-Esteem [3]	3.90 ±0.70	3.91 ±1.14	7	0.970	3.82 ±0.87	3.86 ±0.80	5	0.514
Cognitive Restraint [4]	0.47 ±0.11	0.37 ±0.10	7	0.275	0.43 ±0.12	0.37 ±0.16	5	0.504
Disinhibition in Eating	0.43 ±0.25	0.43 ±0.25	7	1.000	0.40 ±0.27	0.38 ±0.23	5	0.587
Active in Community [5]	0.20 ±0.11	0.30 ±0.20	7	0.047	0.20 ±0.14	0.27 ±.029	5	0.405
Participation Civic Groups	0.21 ±0.27	0.36 ±0.39	7	0.356	0.20 ±0.27	0.30 ±0.67	5	0.799

[1] Possible range of means for public self-consciousness and social anxiety are 0.00 – 4.00. Calculations are shown in appendix F

[2] Possible range of means for mastery are 1.42 – 5.43. Calculations are shown in appendix G.

[3] Possible range of means for self-esteem are 1.00-5.00. Calculation are shown in appendix H.

[4] Possible range of means for cognitive restraint in eating and disinhibition in eating are 1.00-4.00. Calculation are shown appendix I.

[5] Possible range of means for active in community groups and participation in civic groups are 0-1.00. Calculations are shown in appendix K.

Mastery

Mastery is the extent to which people see themselves as being in control of the forces that affect their lives. Higher scores indicate greater mastery. Changes in mastery were not significant over any of the time periods observed, as shown in table 8. Overall, the sense of mastery in participants was high at pre-intervention with no change over the course of the study.

Self-Esteem

Self-esteem refers to the judgements that individuals make about their own self-worth. Higher scores indicated greater self-esteem. Changes in self-esteem were not significant over any of the time periods observed, as shown in table 8. Overall, the self-esteem of participants was high at pre-intervention with no change over the course of the study.

Three Factor Eating Questionnaire

The three factor eating questionnaire was designed to measure three dimensions of eating behaviour. In this study the questionnaire was used to measure two of the three dimensions, cognitive restraint in eating and disinhibition in eating. Cognitive restraint is the degree to which individuals restrict food intake in order to control their body weight. There were no significant changes in the degree to which participants restrained their eating behaviours over the course of the study, as shown in table 8. Disinhibition in eating is the lack of ability to control natural impulses, and can lead to emotional eating and the tendency to eat more than usual. There were no significant changes in the degree to which participant control natural impulses to eating over the course of the study, as shown in table 8.

Empowerment

The empowerment scale was used to measure action in community life and participation in civic groups. There was no significant change in participation in civic groups among the participants over the course of the study. There was a significant increase in being active in community life between baseline and post one, as shown in table 8. Although this scale is very limited in measuring empowerment of participants; it was able show that participants were significantly more active in community life immediately following the intervention.

Summary of Quantitative Findings

Most of the women who participated in the intervention were between 41-52 years of age, worked outside of the home, had children and were more educated and wealthier than the general population. There were significant improvements in the body image construct of appearance evaluation between baseline and post one. There were significant improvements in body area satisfaction, satisfaction with body weight, public self-consciousness, and ability to assess their own body shape accurately between baseline and post two. There were no changes over the course of the study in the constructs overweight preoccupation, discrepancy between ideal and current body shape, mastery, self-esteem, cognitive restraint in eating, disinhibition in eating, or social anxiety.

The fact that the changes were insignificant for most constructs was not surprising based on the low number of participants in the study and the low rate of return for immediately post intervention and six months post intervention questionnaires. Also, over the nine months period, when the study took place, few changes to the societal context in which body images are formed were changed. What was surprising was that although there were improvements in body image constructs over the shorter term, most of the significant changes occurred over the longer term. This might possibly be due to the fact that the program not only addressed individual factors but also worked on increasing the skills of the participants to change or at least respond to the societal pressures they experience. Again, due to the small sample size and no control group it is difficult to determine why improvements were not significant over the shorter term but were significant over the longer term. Possibly it takes more time to produce changes in individual body image constructs through an empowerment and social change intervention. It is also possible that participants continued to use and develop skills introduced in the intervention to improve their body image or make changes in their social environment, resulting in some changes demonstrated over the short term, with even greater changes over the longer term.

CHAPTER SIX

Qualitative Case Findings

Introduction

The two intervention groups were analysed by looking at them as cases to evaluate how factors influenced the group process. The intervention was facilitated in two separate communities and the group from each community served as a case. The Edmonton group was case one and the Red Deer group was case two. A summary of each of the cases includes information on the group context, participant demographics, as well as a summary for each of sessions. Comparisons of the cases were made with respect to the context, participant demographics, attendance, group size, sense of anonymity, facilitator experience, participant recruitment, progression of group sessions and participant experiences. Conclusions were drawn regarding the factors that positively and negatively influenced the group process.

Case One Summary: Edmonton Body Image Group

Context

Edmonton is a culturally diverse city of just under one million people, and is the capital city of the province of Alberta. The Edmonton group sessions ran from October to December 2001. This group started only a few weeks after the September 11th attacks in the United States, which may have been significant in the group's response to the intervention. This group of participants was the delayed intervention control group from a larger study and had waited for about two years to be part of an intervention program. There were originally 34 participants in the control group, of this 34 only 8 participants continued to participate by the time the intervention started. These eight were very keen to get started. None of the participants knew one another prior to the group sessions. Two participants worked in the same office building but had never met until the group sessions.

Participant Demographics

The ages of the participants in Edmonton ranged from 29 to 59 years. Half of the participants were married and half were single. Five participants had children, three did not. The income of the participants varied greatly from one participant with a household income of less than 20,000 per year to three participants with household incomes greater than 70,000 per year. All participants had at least a high-school education, one had completed some university and three had completed university degrees.

Summary of the 12 Sessions

Session One – Introducing Ourselves

Eight participants attended session one, Jean, Susan, Mary, Brenda, Linda, Elizabeth, Debra, and Pauline. Judy and Debra did not attend any further sessions. Debra had a misunderstanding of the purpose of the project and thought it was related to diabetes and body image. She did not attend after the first session. All other participants continued to attend further sessions.

The initial session included a discussion about schedule of sessions, a general overview of the intervention, the development of group ground rules, an advertising analysis called the puzzle activity and discussion around the reasons for attending the group. During the puzzle activity the participants worked in two groups and had an opportunity to get to know each and start exploring their ideas about advertising. When asked to share information about who they were, they chose to describe themselves both individually and as a unit and identify their similarities. They identified similarities such as "We're women, we're caterers, we're computer techs, we're music lovers, we're dancers, sewers, crafters, readers, movie buffs, and we're active, we're all those things" (T1S1 126, Linda). Right from the first session these women connected as group and were able to refer to themselves as a unit.

For the second half of the puzzle activity participants used pieces of an advertisement they had picked out of a bag, and worked with other participants with the same advertisement to put the advertisement back together and determine what the picture was portraying. Areas of concern that the participants identified with the advertisements were: sexualization of children, subliminal negative impact on the body image of adult women, unreasonable expectations for feminine beauty, and how those expectations affect their relationships with men through expectations. Participants also identified advertisements that they were exposed to in their daily lives that they felt negatively impacted their body image.

Participants' reasons for attending were varied and included wanting to increase self-acceptance, inspiration to improve their health, improvement of self-esteem and body image, acceptance of weight gain that occurs with aging, to feel better about themselves, to learn and share with other women, to improve confidence and to stop thinking that their body totally defines who they are. At the end of the first session participants were looking forward to the sessions to come and were starting to feel comfortable with the other participants. "I've never felt so comfortable before, I think I feel more comfortable with strangers. I think these are going to be great sessions. I think we will maybe be able to heal" (T1S2 555, Susan).

Session Two – Introducing Body Image

Six participants attended session two, Linda, Jean, Susan, Elizabeth, Brenda, and Pauline. The substantive part of the discussion in session two was focused on defining body image, why a healthy body image is important, what influences body image and experiences with cosmetic surgery.

In defining body image the participants thought body image was a part of self-image, it was also how you think others see you and how you project yourself, and in general how you feel. They identified that body image is not static and that it varies from day to day. One participant described why she thought a healthy body image was important in the following way,

> *If you have a good body image then you feel like your able to stretch yourself and do more things, that you can kind of conquer the world. If you feel good about the way you look then you present yourself with a lot more confidence and you're willing to try a lot more things because you are just comfortable with who you are* (T1S1 484, Pauline).

Participants felt that they would have more money (because they would be spending less money on weight loss gimmicks), be more relaxed, less stressed and happier if their body image improved. Participants stated several key influences on their body image. Participants mentioned parents, grandparents, siblings and peers commenting about weight and appearance as affecting body image. They also talked about how their actual physical appearance was similar or different from peers and family and how that affected body image. Media, aging and body changes, culture and religion, dieting experiences and weight changes, relationships with men, societal expectations, and breast reduction/augmentation surgery also were mentioned as affecting body image. Two of the participants shared their experiences with breast reductions, while another participant shared her experience with breast augmentation. For these women there were both positive and negative effects on their body image and over health related to their surgeries. Overall, the participants felt that the surgeries improved their body image by feeling better about their body shapes. However, the scarring and medical complications experienced by participants increased their body image discontent and concern about their health. At the end of the session participants were sent home with an activity to do on their own to complete a history of their body image for session three.

Session Three – Media Literacy

Seven participants attended session three, Jean, Susan, Brenda, Linda, Pauline, Mary and Elizabeth. In session three we discussed the "history of my body image" (Cash, 1997) activity, and watched *Slim Hopes* (Kilbourne, 1995), a video about the advertising industry.

We started the session with a discussion of the "history of my body image" activity. In this activity, participants were to think about specific times in their lives; how they felt about their bodies during those times and what events and experiences they remember influencing their feelings about their bodies. Four participants completed the activity, two wrote their answers out, while two participants reflected on the questions in their mind over the week. Participants who completed the activity found it challenging but also found the process of writing, re-reading and thinking helped them to understand their feelings about their bodies. Of the participants that did not complete the activity, one participant stated, "I pushed it away from me. I knew I was going to have a hard time with it so I pushed it under the rug, busy, busy, busy…" (T1S1 000, Brenda). After hearing about the insight the participants gained by completing the activity, the participants who had not completed it thought they might try to complete it in the following week.

After watching the *Slim Hopes* video about the advertising industry the participants talked more about their concerns and frustrations with advertising. Many of the participants stated that the information in the video was new to them. In particular the video showed how the movies produce women that look 'perfect'. The participants thought this information should be more widely distributed. The participants felt that advertising overall was disempowering to women. As homework the participants were to find out ways they could influence media or advertising. They were also to gather examples of advertisements that they felt deserved praises or complaints.

Session Four – Media Activism

Five participants attended session four, Jean, Pauline, Susan, Linda and Brenda. In session four the participants brought in examples of media images for discussion that they felt affected body image in either positive of negative ways and discussed ways they could influence the images in the media. The images brought in by the participants were discussed as well as the process for making complaints about advertising through Media Watch and Advertising Standards Canada. One particular advertisement was chosen to write a comment letter on. The advertisement was for the website *medbroadcast.com* and the image was of liposuction, with the caption indicating the website was for health information. None of the participants wanted to take on the job of writing the letter, however, everyone agreed to write down thoughts they thought should be included in the letter. One of the participants suggested that the group should keep track of health advertising and make a collage that demonstrates how advertising influences how we define health. All the participants agreed this was a good idea and the facilitator was to bring poster board to the next session to build the posters. The participants thought they might put the posters up in a public location to educate others about health advertising.

Session Five – Assertion

Three participants attended session five, Susan, Mary and Linda. This session was on Halloween night, so several participants were unable to attend due to family pressures to stay home, poor road conditions and work. The group talked about a movie called *Shallow Hal,* defining assertion, blocks to assertion, expressing emotions and learning assertion. The group held off on starting the health collage as planned because the facilitator did not bring the poster paper.

A movie called *Shallow Hal* was released during the time the group sessions were taking place. One of the participants heard an advertisement on the radio for the movie and was very upset what was said.

> *Gwyneth Paltrow is going to play a 300 pound woman, she's going to dress in a fat suit and then this man, who's hypnotised to only see the inside of people* (is going to fall in love with her)*...she's saying how this is going to empower heavy people...I am thinking, on what planet would this empower an overweight woman...then it's a comedy, they're making fun of the man because of the women that he's picked doesn't fit that ideal...just to even think that this would empower a woman, this skinny girl thinks this empowers, did they ask a heavy woman how this would make her feel, I'm angry and I've been angry all day long* (T1S1 055, Linda).

Linda left this session not sure how to express her anger of this situation, however, she shared in a later session the actions she took to speak out against this movie and have the advertising posters removed from her gym.

The participants defined assertion as "being able to express myself in a way that a person will know what I am saying and will get my opinions across to them" (T1S1 251 Mary) as well "to not be afraid of saying it" (T1S1 251, Susan). Blocks to assertions that were mentioned included "it's not viewed as an attractive quality and you get the label of being a bitch" (T1S1 290, Linda) and specifically in relation to body image, "if I don't truly believe that it's okay to be the size that I am then I will never be able to feel that I can be assertive in that area" (T1S2 095, Linda). Participants also shared their experiences with not expressing emotions and how that resulted in inappropriate and disproportionate responses at inopportune times and not in a resolution of the actual problem at all. Participants saw the benefits of learning the skills of assertion; however, several were apprehensive about learning these skills as an adult. One participant shared how she took a course in assertion and she was able to use these skills to make positive changes in relationships in her life. The participants role-played several scenarios being assertive, aggressive and passive and at the end of the session the participants agreed that they would like to spend the next session on practicing assertion skills in different situations.

Session Six – Weight stigmatization & Compliments

Five participants attended session six, Jean, Pauline, Susan, Mary, and Linda. We started off the discussion with a review of the previous week. Participants then shared examples of when they wanted to be more assertive, which nicely led into a discussion on weight stigmatization and how to respond to value judgements based on weight and practicing giving and receiving compliments.

Times when participants wanted to be more assertive included "when your boss is trying to dump stuff on you, because he knows you're not going to stand up for yourself" (T1S1 186, Susan), "with friends, to be able to honestly say no when you are asked about something with out feeling like you have to give a three hour dissertation on why you can't" (T1S1 186, Mary), with family when they make weight related comments, and one participant wanted to respond assertively to a *Shallow Hal* movie poster in her gym.

To introduce the topic of weight stigmatization, the participants made lists of words they attached or felt society attached to being fat or being them. Under what fat means were the following words: unhealthy, lazy, can't participate, deaf, invisible, caretaker, lovable, entertaining, glutton, unsuccessful, unhappy, can't wear fashionable clothes, not physically fit, not sexy, undesirable, martyr, and nice. Under what thin means were the following words: in control, successful, desirable, sexy, fashion, happy, lots of friends, beautiful, ideal, closest to perfection, thin is the right choice, anorexic or sick if they are too thin. Participants talked about their own experiences with weight stigmatization, one participant shared how she was fired from a job when she gained weight.

> *I used to be a Coca-Cola girl and I got fired because I no longer fit the demographic, I was supposed to look like I was between 25 and 34, and I was thin when I first became a Coca Cola girl...it was a really silly job, but I was in University and made lots of money doing it, but I was fired because I gained weight and it was described as I no longer fit the demographic* (T1S2 117, Linda).

Following the discussion on weight stigmatization, the discussion shifted to fad diets and weight loss products, so the group decided that the following session would look at those issues. The group also decided that during the final session they wanted to have a potluck.

At the end of the session we started a discussion about weight related comments, how to respond to them, and how to give and accept compliments. Participants shared times when they had received value based statements about their weight, appearance or eating habits and their inability to respond to these in an assertive matter. We used those examples and talked about what an assertive response might look like. We finished the session off complimenting one another on positive changes observed over the course of the group session. Participants stated they were leaving the session feeling positive and energised.

Session Seven – Dieting Dangers

Six participants attended session seven, Jean, Pauline, Susan, Mary, Linda and Brenda. The discussion in this session focused on the dieting experiences of the participants and the risks of dieting. Linda, the participant who had the concern about the *Shallow Hal* movie posters in her gym, shared with the group that she successfully had the posters removed. She applied the assertion skills learned in the group, as well as her new knowledge about weight stigmatization to articulate her concerns to the gym managers and have the offending poster removed. She also stated the she used her involvement in a 'body image group' to add power to her statements.

Diets that participants stated they had tried included the grapefruit diet, the pineapple Hollywood diet, cabbage soup diet, Karen Zee Board diet and a liquid protein diet. Side effects from these diets included, hair loss, a sensation of burning in the stomach, "it was so acidic, my lips broke down and blistered" (T1S1 439, Brenda). Two participants stated asking for Fen-fen from their doctors after it had been removed from the market due to health concerns, they were not provided with fen-fen, however, one participant was given a diet pill similar to Fen-fen and the other was prescribed Prozac for weight loss. Participants felt they knew the risks of going on fad diets and using diets drugs but thought "I'm in good health, nothing will happen to me" (T1S2 047, Susan). Several participants also stated that they valued weight loss as more important than their health. At the end of this discussion, several of the participants, indicated that they still thought they might go on diets again because they wanted to fit into the clothes in their closets and feel comfortable in fashionable clothing. They did indicate these diets would more likely be lifestyle changes rather than a fad diet or diet pills.

At the end of this discussion participants shared a little about current eating habits and attitudes about food. It was clear the participants had a limited understanding of what healthy eating might look like. It was decided that general healthy eating should be the topic of discussion for session eight. In the closing, the participants started to express distress over the group ending. The possibility of the group continuing after the end of 12 sessions, without the facilitator, was discussed.

Session Eight – Healthy Eating

Five participants attended session eight, Pauline, Susan, Mary, Linda and Brenda. The session began with a discussion about reasons for dieting, which led into a discussion on healthy eating, and finished with a discussion on access to nutrition services.

In session seven, participants mentioned they would continue to diet to fit into the clothes in their closets. When further explored, the participants explained how they kept three different sizes in their closets in case they gain or lose weight. We talked about the pros and cons of keeping clothes that do not fit in their closets. The pros being that they would not have to spend money on new clothes in they lost weight. The cons included a lack of space in their closets for clothes that do fit and a constant negative reminder of what they are not. Several participants decided to sort through their closets and get rid of clothes they would not likely wear again.

The basic principles of healthy eating were discussed and the participants completed a nutrition self-assessment. Participants were provided with a copy of Canada's Food Guide as well as information about serving sizes and how the food groups are divided. They then completed a self-assessment using a tool called a 'food guide slide' to determine if they were eating enough servings from each of the four food groups over the previous 24 hours. Participants were surprised at the results of their 24-hour recalls, "I am not eating enough of the right things…I am so conscious of not eating too much that I am often not eating enough" (T1S2 265, Susan). Participants talked about challenges to healthy eating such as not really knowing what healthy eating is, oversized portions in restaurants, filling up on low nutrient dense foods, and not listening to their bodies cues to hunger.

One participant talked about frustrations in accessing nutritional counselling from a registered dietitian. She was told that she needed to have a medical condition to see a dietitian. Her argument was that she wanted to prevent herself from developing a disease and with enough convincing she eventually received service.

Session Nine – Power

Five participants attended session nine, Pauline, Susan, Mary, Linda and Brenda. Several participants shared successes they had over the previous week. Susan shared with the group that she had used assertion skills at work to address her workload concerns. She talked about how she changed her approach and it worked. "I think I have always just brought it to his attention and this time I asked him to do something" (T1S1 045, Susan). Other participants shared how they had addressed the issue of their overstuffed closets. In the remainder of session nine we talked about different types of power, discussed situations where the participants felt powerful and powerless and talked about ways to increase or maintain power.

The participants split into two groups, one group explored situations where they felt powerful, and the other group explored situations where they felt powerless. The main sources of powerlessness for the participants were: connectional (i.e. alienation from peers), positional (i.e. insecure or power hungry managers and relationships with children), informational or expert (i.e. medical, legal, mechanical or house repair issues), lack of support (i.e. neglect or abuse from spouses). Main source of power for the participants were: experiencing change or success, informational (learning new things or mastering new skills), and networking, "putting and keeping ourselves in supportive situations" (T1S1 617, Linda). We then looked at ways that they could increase their power.

> *When I talk about this group I say empowering, very empowering, and that's a good thing, because we are talking about these things and we're giving each other advice and back and forth until we figure out what's a good way to deal with something, to keep that up is going to be a good way to increase our power, to find people that we can talk these issues over with* (T1S2 340, Linda).

The participants stated that they wanted to spend the next session on making plans for the future of the group. As well they wanted to discuss ways to sustain positive body image changes that had occurred.

Session Ten – Planning for the Future

Three participants attended session 10, Pauline, Susan, and Linda. The participants started the session with a brainstorming session about 'things we can do in our lives/environments to improve our body image'. Participants thought it would be important to start with themselves,

> *You know what I think, if we start with ourselves, you're going to end up with your co-workers, your family, and your friends. They are going to see this and they are going to change, so maybe in a way by changing yourself it will reach out in other ways* (T1S1 630, Susan)

Participants also talked about awareness about media and advertising as being important, but thought that of greatest importance was maintaining a support network. From the discussion on maintaining a support network the participants decided that continuing the group beyond the 12 sessions would be the best way to achieve that. Challenges identified with this were group leadership and group membership. Susan and Pauline were initially concerned about leadership and did not feel they would be comfortable as group leaders because they did not feel themselves to be body image experts. Linda felt that rotating leadership with a workbook providing the agenda might be adequate leadership. I offered the suggestion of using the "Body image workbook" (Cash, 1997) as a guide, if their goal was to work on individual issues first. All participants thought this might work. As for membership, one participant felt it would be good to invite new participants into the group, while the others were not comfortable with this. It was decided that they would start with the original group and invite new people as the group felt comfortable. Participants decided they wanted to continue to meet once a week following the completion of the sessions. For session 11, one participant requested that the topic of discussion be body image and sexuality. The other participants agreed they would find that useful as well as a discussion on aging and body image.

Session Eleven – Aging & Sexuality

Six participants attended session 11, Jean, Elizabeth, Pauline, Susan, Linda and Brenda. Participants discussed the effects of aging of their body image, what changes are natural to expect during aging, ageism, and sexuality.

Participants talked about taking their bodies "for granted" because clothes fit and they "didn't even know what cellulite was" when they were younger. Participants talked about greying hair, aches and pains, loss of vision, and menopause was affecting how they feel about their bodies. One participant talked about menopause as "signalling the end of desirability" (T1S1 358, Linda). Ageism is discrimination based on chronological age. One participant shared an example of ageism, "I would like to go and work in the UK, because they have a teacher shortage right now, but I can't go because they want people who are 28 or younger…now that's ageism right there" (T1S2 105, Linda) Overall, participants stated that they felt younger than their actual age and they wanted their appearance and the way people treat them to match the way that they feel. Participants talked about wanting to look 20, 25 or 28. Even though participants talked about wanting to look younger they indicated that they were overall more knowledgeable and more comfortable with themselves now than when they those younger ages.

The discussion moved on to sexuality. The main discussion revolved around participants difficulties they were having dealing with their changing bodies, "I don't feel comfortable naked and I've been married 28 years to the same guy, I shouldn't feel like that, but my body is changing and I'm not dealing with that. (T2S1 081, Susan). Participants mentioned that even though their significant others did not seem to mind their changing bodies; the participants had difficulty with the changes. Those participants not in relationships talked about the apprehension they felt over starting relationships due to the fears of being naked in front of someone in the future. Increasing body image discontent, associated with how their bodies were changing with age, did affect the sexual relationships the participants had with significant others and made those participants not in current relationships more apprehensive to start new relationships.

Session Twelve – Evaluation

All seven participants attended session 12, Jean, Elizabeth, Pauline, Susan, Mary, Linda and Brenda. We started the final session with a potluck. Each of the participants brought in something for all the others. Some participants chose to bring in food, others brought in flowers and candles as gifts. The purpose was to thank one another for sharing their experiences, feelings and knowledge.

We started the discussion with talking about most memorable moments of the 12 sessions. Participants talked about the increases in awareness, loss of helplessness, ability to analyze advertising, and expanded understanding of body image as being the most memorable things for them. Participants also shared the personal changes they were experiencing, such as "I look at myself differently" (Jean), "I think I'm going to go on a new years resolution, not to go on a diet, not to lose a whole bunch of weight but to take on a healthier lifestyle, I think that's a switch from I've got to lose weight to I want to be healthy" (Pauline), "This year, I'm going to learn to love my body" (Linda), "I'm careful about what I say to my daughters and to anybody, I say it's good to see you…rather than I love your hair" (Jean), and "I have conversations with people about body image and about dieting, with conviction and confidence that I never had before" (Linda). When asked about whether the group met their expectations the participants talked about how it surpassed and changed their expectations. This is one participant's response,

> *I think it changed my perspective enough that they* (her expectations) *were not met, they are better than they were, because it totally changed the way that I looked at body image, it was like I was wrong I had a bad body image and that's not how I think anymore, it's like oh good I'm going to go somewhere and they are going to fix me. I never really thought I was going to come here and change the way I thought myself* (T1S1 271, Linda).

Participants shared the reasons they kept coming to the group sessions. They included the support they felt from the participants, commitment to the other participants, enjoyment and because of the way they felt powerful leaving the group. The participants decided to keep meeting after the completion of the 12 sessions and made plans to meet at a coffee shop a few weeks later.

Post-script

I met with several of the participants on one occasion, shortly after the completion of the group sessions, at the coffee shop they were meeting at to continue their discussions. The group only met twice following the completion of the group. Reasons the participants stated for the group not continuing included, not making the time and not wanting to make the drive. Several participants lived on the outer reaches of town, and it was more than a 30 minute drive to the meeting location. When I contacted the participants recently to find out if they had continued to meet one participant shared how she continued to be involved in activities to improve body image, "I did have a glory moment this year. I was chosen as a 'real woman' model for this year's Edmonton Women's show. I got to be real, beautiful, and myself" (Linda, 2003).

Case Two Summary: Red Deer Body Image Group

Context

Red Deer is a city of just under 70,000 people, located in central Alberta, surrounded by small rural communities. The Red Deer group sessions ran from May to June 2002. This group of participants was the recruited immediately prior to the intervention. There were only six participants in the Red Deer group. Three of the participants knew one another prior to the group sessions. Two participants worked together. As well, a mother and daughter participated in the group together.

Participant Demographics

The ages of the participants in Red Deer ranged from 20 to 49 years. Four of the participants were married and two were single. Five participants had children, one did not. The income of the participants was similar with three participants having a household income of less than 50,000-59,000 per year and the other three participants having household incomes greater than 70,000 per year. All participants had at least a high-school education, and two had completed some university.

Summary of the 12 Sessions

Session One – Introducing Body Image

Six participants attended session one, Betty, Sara, Ruth, Julie, Emily and Lucy. The initial session included introductions, a discussion about the history of the project and the schedule of sessions, the development of group ground rules, discussion around the reasons for attending the group, and an advertising activity called the puzzle activity. During the introductions, the participants had an opportunity to introduce themselves and describe one thing that they had with them or that they were wearing that represented an aspect of their personality or their uniqueness.

Participants indicated various reasons for wanting to be a part of the body image group. Some of the reasons that the participants mentioned included: wanting to go from a dieting perspective and thinking about weight loss to a health perspective, wanting to meet people outside of school and business, a history of struggling with weight changes, interest in general health issues, to learn something new, especially in the areas of media and societal ideals, build confidence in themselves, find inner peace, increase self acceptance, and a desire for the world to be a place for all body types.

During the puzzle activity participants were asked to pick pieces of an advertisement out of a bag, and the participants with the same advertisement worked together in a group to put the advertisement back together and determine what the picture was portraying. The participants were able to critically analyse advertising. They identified the following areas of concern with advertising: societal emphasis on youth, societal definition of sexy, use of 'perfect' models, selling under the premise that men will like you if you buy and look like this. One participant stated how she felt looking at the advertising, "Society puts pressure on us as women to look like this no matter what our age and heritage, our actual genetic composition, slim legs that's my dream, that's what I thought when I saw that" (T1S2 032, Ruth). During the closing the participants indicated they were leaving with optimism and excitement about the diversity of the group and the topics to be discussed.

Session Two – Understanding Our Body Image

All six participants attended session two, Betty, Ruth, Lucy, Emily, Julie and Sara. In the opening we discussed general feelings about the group so far. Participants indicated that they appreciated the opportunity to share their opinions and thought the age distribution in the group would be good, but would have liked it if there were women representing different ethnic backgrounds.

The substantive discussion revolved around why a healthy body image would be important and what influences body image. The participants felt that a healthy body image was important because it affected their self-respect, confidence, mental health, as well as their everyday actions and attitudes. Some of the key influences that participants indicated had an effect on body image included: friends, family, men, and society. Participants indicated that their friends' affected their body image through teasing, comparison of their size and shape to friends, and weight related comments that friends make to one another. Family affected their body image through their feelings about positioning in the family, expectations and comparisons between siblings, appearance related feedback from family, and the level of importance that appearance has within the family. As far as relationships with men, it was break-ups and expectations that participants indicated as affecting body image.

The participants did not label the following discussion as societal influences; however, the areas they discussed were the media and the fashion industry. Participants talked about how fashion has changed over the years, and how currently the fashion industry is sexualizing children in the way they are designing clothes,

> *I've found it's very difficult to find normal clothes for kids. Society or fashion designers have set up this image that kids should be crop tops, pants half way down to the pubic area, but yet you try to find clothes and it's very difficult, I wouldn't want to be a parent right now* (T2S2 123 Ruth).

Participants felt that there are now more fashionable clothes available for larger size women, however, they did think that fashion labelling was misleading, in that petite should be labelled 'short' not 'petite'. Participants also indicated that petite clothes should not be positioned right next to the plus size clothes, because they make nicer clothes for petite and they did not want to see that. At the end of the session participants were sent home with an activity to do on their own to complete a history of their body image for session three.

Session Three – Media Literacy

Only two participants attended session three, Betty and Lucy. The other participants missed the session due to lack of childcare, an out of town meeting, and school exams. In session three we discussed the "history of my body image" (Cash, 1997) activity and watched *Slim Hopes* (Kilbourne, 1995), a video about the advertising industry. In response to the history of my body image activity participants talked further about how sibling interactions and comments from their family about weight influenced their body image.

Following the video the participants talked about the media that they are exposed to and how it affects them. One participant, who was an avid subscriber to *Shape* magazine stated that after the first session she "went home and flipped through the magazine and I saw things differently" (T1S1 516, Lucy), she had an increased awareness of the use of ultra thin models in the magazine and when she saw more average athletic women she thought they were fat:

> *There is one ad, it was for a triathlon, so it showed a cross section. They were just getting ready to take off swimming, so it was a whole lot of women. I can remember after I had been flipping through the magazine, I came to that section, I thought they've all got fat thighs, because it was high cut Speedos. That's Shape magazine... and it's not that I'll quit buying it, because there are some really good things in there, but swimmers bodies, male or female, are pretty sleek* (T1S1 516, Lucy).

At the end of the session it was decided that in session four we would discuss ways that the participants could affect the media in Canada and the participants were to bring in magazines they had at home or examples of advertising for discussion.

Session Four – Media Activism

Four participants attended session four, Sara, Emily, Betty and Lucy. During the check-in Lucy shared more about *Shape* magazine, and how even though she enjoyed the magazine and would continue to purchase it even though there was incongruence in the stated philosophy of the magazine and current actions. Such as using ultra thin bikini clad models when the stated philosophy is using everyday people who are readers of the magazine. We then moved into a discussion on how the media affects us. Participants indicated that media affects their self-worth, their value in society depending on their size, increases the emphasis on beauty and weight in society, and even their comfort level with food and eating in front of people "because the way they portray women, if they are eating a chocolate bar they're going to get fat" (T1S1 595, Emily). One participant stated:

> *I also think that the media affects me because it brings back looks, all the time. Everywhere you go, it's giving the message that it really matters what you look like. And I feel that, all the time...It brings up looks as important too often and emphasizes the way out of proportion of importance that society . . . it makes me feel that it is so important, that it's the most important way you can be judged. At this point, I am going to lose weight because I don't want to be judged* (T1S1 518, Sara).

Participants indicated that they wanted to influence the media because they were concerned about the effects of media on their children and because they want to stop feeling bad about themselves. Participants thought they might consider trying to influence the media through boycotting a product or company, organizing petitions, writing letters or e-mails. Participants stated a lack of confidence as one of the reasons they might not write letters, or a fear that people would not understand the issue if they were writing about body image. At the end of the session the participants decided that they would write a comment letter to *Shape* magazine and that Lucy would take the lead role as she had been a long-term subscriber.

Session Five – Assertion

Five participants attended session five, Ruth, Lucy, Betty, Sara, and Julie. Lucy brought in the first draft of the letter to *Shape* magazine for revisions, the group talked about vanity sizing and trying on clothes, the group finished with defining assertion.

The check-in started with a concern of one of the participants about a comment she made to her grandson, "you have to get bigger muscles" (T1S1 083, Ruth). This brought us into a discussion of how a single comment would not be likely to cause body image discontent. However, in the context of our society we see that comments made to us as children, can be remembered well into our adult life and affect decisions and feelings we have about our bodies. Following that discussion the group reviewed the letter to *Shape* magazine and made suggestion for wording changes to increase clarity.

One participant had brought in some articles from the newspaper for discussion, one of the articles was on vanity sizing, which is the concept of higher priced clothes being sized lower than lower costing clothes. The theory is that people are willing to pay more for clothes that are a smaller size. The participants talked about frustration in trying on clothes because it is hard to know what size will fit when many brands are sized differently. Participants also talked about how they feel when the clothes in their own closets are not fitting comfortably. Most of the participants stated that they keep clothes in their closets that do not fit them any longer, and as one participant stated "I wouldn't even care what I weighed or what I looked like, as long as I could go into my closet and there's all my little outfits and I could just pick one up and I put it on and it fits, every time" (T2S1 000, Julie).

The session ended with the group defining assertion, and talking about barriers to being assertive. In defining assertion the participants used terms such as: honesty, negotiating needs, non-threatening, and non-confrontational. One clear barrier to assertion was the fear of being labelled as aggressive.

Session Six – Assertion Two

Only two participants attended session six, Emily and Lucy. The other participants missed the session due to lack of childcare, an out of town appointment, and one participant was treating herself to an extended weekend at a spa. In session six we discussed how body image is related to assertion, more barriers to assertion, times when the participants find it difficult to be assertive and weight stigmatization. Participants stated assertion and body image might be connected, "I think having a positive body image would lead to assertion. You would feel better about yourself . . . express yourself better" (T1S1 050, Emily). Some of the barriers to assertion were participants' fears of how people will respond to their assertion; by being more aggressive or thinking they are rude. Participants stated that they have difficulties in certain situations to be assertive such as making requests at work regarding vacation time and raises. Another area of assertion participants indicated they had difficulty with was saying no to requests.

At the end of the session we talked about the following session topic of weight stigmatization, which was an area of interest specifically for one participant who shared concern over a reaction she had experienced, "I'm not prejudiced against anyone, but I do know a reaction I had, a boss was hiring, so there was different girls coming to be interviewed, I can remember a bigger girl, perfectly qualified, and I glanced up from my desk and thought I hope she didn't get the job, is that weight stigmatization?" (T2S2 087

Lucy)

Session Seven – Weight stigmatization

Four participants attended session seven, Lucy, Betty, Sara, & Ruth. The session began with a discussion about the most recent issue of Rosie O'Donnell's magazine "Rosie". The issue had been titled "The Big Fat Weight Issue" and attracted the attention of several of the participants, who had purchased copies and brought them into the group for discussion. This fit well with the discussion planned for this session as we were to be talking about stereotypes attached with being fat and thin. Participants made lists of words they attached or felt that society attached to being fat and being thin. We then discussed whether there was any truth to the stereotypes presented. The participants felt there was some truth to certain stereotypes, and that the stereotypes were a reflection of learned coping behaviours to deal with being fat rather than genetic or inherent traits. Some of the stereotypes that participants felt had some truth included individuals who are fat tend to be physically strong, independent and funny. Participants also felt that it was more difficult for individuals who are fat to dress in ways that are "classy" and "not slobby" because the fashion industry designs clothes with smaller women in mind.

Other key discussions during this session revolved around weight and health, as well as how health professionals deal with the issue of overweight or obesity. Overall, participants felt it was not possible to be in 'ideal' health and be overweight or obese. They did feel that a person could be in good health while still overweight or obese, if they were making healthy lifestyle choices. Some participants indicated they felt judged by their physicians about their weight, that too much emphasis was put on weight in relation to health, that physicians recommended losing weight to participants without any practical information on how they achieve weight loss. As well, participants stated that not enough was being done by health care professionals to prevent overweight and obesity.

The discussion of stereotypes around fat and thin can be a sensitive discussion to have. Participants in the closing acknowledged this and discussed the importance and appreciation of the sharing of open and honest thoughts. Also, during this session the final version of the letter to *Shape,* as shown in appendix L, was circulated and signed by all the group members in attendance.

Session Eight – Weight stigmatization and Dieting

Four participants attended session eight, Lucy, Sara, Betty and Ruth. Main topics of discussion were weight stigmatization, dieting, and physical activity. Participants felt weight stigmatization may be more subtle than other forms of prejudice; however, it still could be very damaging and was getting worse in society. The group did not feel that weight stigmatization was as serious as the prejudice in society against Aboriginal or African Americans; however, they still felt it was emotionally and psychologically damaging. Women discussed their own experiences of weight stigmatization in society. The main purpose of this discussion was to raise the awareness of the participants that weight stigmatization exists.

Next we talked about dieting experiences. This group of participants had very few dieting experiences to share. Two of the participants had gone on physician recommended liquid protein diets in the past and had lost a significant amount of weight.

Both were at healthy weights, based on body mass index (BMI), previous to those dieting experiences. Since those experiences both women had gained back all the weight they had lost, plus more and now would sit in the overweight or obese categories on the BMI. One woman stated gaining 70 pounds due to compulsive eating following the liquid protein dieting experience. Overall, the women were not currently dieting, and all expressed interest in healthy eating and lifestyle change with health as the goal. One participant indicated that she would like to lose weight as her doctor had made that recommendation to her, but was interested in finding the healthiest way possible. We talked about options within the community such as the 'lifestyles' class which teaches about healthy eating, and physical activity.

At the end of the session, Ruth informed the group she had purchased a recumbent bike for her home and had ridden 3.1km the previous evening. This was a great step for Ruth who stated an extreme dislike for physical activity in the first session. Likely some of the discussion on body movement helped her to realize what she did and did not like about physical activity and helped her to make a choice to become more active in a way that suited her. In this session participants started to talk about sadness about the group ending soon and wishing the group would continue longer.

Session Nine – Defining Health & Healthy Eating

Three participants attended this session, Betty, Lucy, and Sara. The session started with a discussion about the Consumer Reports show that had been on during the previous week. The show focused on bariatric surgeries, breast augmentation surgery in young girls and the diet industry. Two of the participants had seen the show. This was a good example of how media can be used in a positive way to make the public aware of body image issues.

In a previous discussion around health and weight, the participants thought it would be good to define health, and with a definition of health we could further explore whether health and weight were connected. The participants all placed varied importance of different aspects of health. One participant indicated wealth was connected to health, and that health and wealth were inseparable for her, another participant valued being able to participate in physical activities as the most important component of health, and the third participant indicated eating more natural foods and spending time learning were her most important components of health. This activity helped participants to think about what health meant to them and how weight may or may not be directly connected to their health.

The discussion then moved into looking at why people eat and participants completed a nutrition self-assessment. During the discussion on why people eat the participants were able to indicate many internal and external cues to eating. Participants indicated that being taught to 'finish your plate' as a child was a reason that they may eat beyond feelings of fullness. During the self-assessment the participants were able to use a tool called a 'food guide slide' to determine if they were eating enough servings from each of the four food groups over the previous 24-hours. The session finished with a discussion about the future dates for the sessions, it was determined that dates should be set based on the participants with the most regular attendance.

Session Ten – Body Movement

Four participants attended session ten, Emily, Sara, Lucy and Betty. The main topics of discussion in session ten were body movement and physical activity, as well as further discussion on health and weight. The discussion in session ten around health and weight was exploring the idea of fitness and weight. The participants did not believe it was possible to be fit and overweight, but did believe that an overweight individual might be more fit than a thin individual. Also, participants stated that a person did not have to be fit to be healthy, and that you could be over weight and healthy.

The discussion moved on to what active living meant to them, we talked about what kind of activities they enjoy, and about what kinds of activities they thought might enhance body image and what activities they might try. The participants were provided with a 'Canada's Guide to Physical Activity' workbook and it was reviewed. All participants indicated at least a moderate level of activity. All participated in regular scheduled physical activities as well as looking for opportunities for active living (i.e. lunch time walks).

In the closing, the participants talked about the experience of getting out and talking with other women they would not normally talk to and getting out of their comfort zones. They talked about the group experience as being different than other experiences they have had with women, in that the group was not "catty", rather there was a comfortable atmosphere that they would miss when the group was over. The group decided that a discussion on power would be the topic for session eleven.

Session Eleven – Power

Four participants attended session eleven, Lucy, Emily, Betty and Sara. The discussion in session eleven was around types of power and well as times when participants felt powerful and powerless. Various types of power and their meanings were discussed including: informational, connectional, expert, positional, personality, networking, financial and physical power. We then moved on to a discussion on powerlessness. The main sources of powerlessness for the participants were when they lacked connectional power which related to lack of support (i.e. single parenting), informational power when they felt they lacked knowledge (i.e. mechanical problems), financial power when they were unable to access money or style of clothes that fit properly, positional power at work (i.e. dealing with some clients that are difficult to work with), and expert power when they were experiencing medical illness and procedures. The participants identified their main sources of power as feeling self-reliant, physical power through physical activity and sports (i.e. winning a competition), achievements, positional power (i.e. supervisory position at work), overcoming adversity, informational power (i.e. learning something new or understanding their weaknesses). For the final session the group decided to have a potluck picnic in the park. The first half of the session would be to eat and visit and then during the second half we would do an evaluation.

Session Twelve – Evaluation

Three participants attended the final session, Lucy, Betty and Sara. The session started out with the potluck supper, and then moved onto an evaluation. Each participants was handed a form with several open ended questions on it (as shown in appendix M), which was then discussed. When describing the group environment, participants used words such as supportive, cooperative, comfortable, cohesive and embracing. They indicated they felt very comfortable right from the beginning expressing their thoughts and opinions. When asked about whether the group met their expectations the participants stated original expectations were around weight, self acceptance, and education. The benefits of the group that the participants indicated were increased awareness, opportunity to talk and learn with other women about issues that are important to women, self acceptance and new understanding of themselves as women. At the conclusion of the final session the participants did not have any official plans to meet again after the end of the groups. Three of the five participants went to the same gym and a fourth was considering joining that gym. The group decided if they did meet again for coffee it would probably be in conjunction with going to the gym. All the participants exchanged contact information so that they could contact each other in the future. Also, we talked about if we did get a reply to our letter to *Shape*, Lucy who had taken the lead on the letter writing would contact everyone if she received a response.

Post-Script

As of 17 months later, I have had limited contact with the group and to my knowledge they have not continued to meet. One participant moved away from the community. One participant, who lived out of town moved into the community and occasionally drops off body image related materials to me at my office. Lucy never contacted the group regarding a response from *Shape* magazine.

Comparing the Cases

Facilitator Experience

The Edmonton group was facilitated in the fall of 2001 while the Red Deer group was facilitated in the summer of 2002. Since the groups were not run simultaneously there was a difference in the experience level of the facilitator. After reviewing the transcripts and the tapes from and the two groups it became apparent to me that I possibly had expectations of where I wanted Red Deer to get to over the course of the sessions. At the beginning of the Edmonton sessions, I did not know what to expect from the group, however, with the Red Deer group I had the experience of seeing a where another group got to and this resulted in the facilitator pushing the group to move faster along and not at the pace most appropriate for the group.

Context of World Events

On September 11th, 2001 there were attacks in several United States cities, which killed thousands of people. This event greatly affected people across North America. The Edmonton group sessions started only a few weeks after these tragic events. It is possible that because of September 11th the women in the Edmonton group were more motivated to improve their body image because they realized how much of their time and energy was spent thinking about their bodies and trying to change them, rather than on the important relationships in their life.

> *Jean: I don't know if anyone else feels differently since September 11, but have your priorities changed since the terrorist attacks, does your body image mean as much to you anymore as it did before ?(Session 1, T1S1 233)*

Susan: It's had a big impact on me.

Debra: I have thought about it definitely...I know me, with my issues I can't just go okay, now it is a priority to address it.

Participant Demographics

The two cases were very similar in age distribution, marital status, education and status of children. The Edmonton group was slightly older than the Red Deer group with the age distribution of the Edmonton group being 29-59 years versus 20-49 years for the Red Deer group. The Edmonton group was slightly more educated. All participants had at least a high school education. In the Edmonton group one had some university and three had completed university degrees. In the Red Deer group only two had completed some university. The Edmonton group had more diversity in income than the Red Deer. The income of the participants varied greatly from one participant with a household income of less than 20,000 per year to three participants with household incomes greater than 70,000 per year. In Red Deer the household income varied from 50,000 to greater than 70,000 per year. The Edmonton group as well had more cultural diversity within the group. The Red Deer participants commented that they would have liked more cultural diversity within the group. "A larger group would have been nice, we covered the ages nicely, but I think ethnically mixed would have been nice" (Session 12, T1S1 557, Lucy). Adding cultural diversity provides another perspective to look at the issue of body image with and can add further solutions, ideas and experiences. Participants suggested marketing through immigrant and native friendship centres to reach a more culturally diverse group. However, barriers to participation such as language, cultural appropriateness, transportation, and childcare would need to be more carefully addressed if an intervention wanted to reach a larger range of participants and have full participation. Overall, the groups were very similar with the greatest differences being between income distribution, education and cultural diversity.

Participant Recruitment

The participants involved in Edmonton and Red Deer were recruited in different ways that may have been significant. The participants in Edmonton were the control group from the larger study. These participants had been waiting for nearly two years to receive a program. During those months, 26 of 34 possible participants dropped out of the program because researchers were unable to contact them or they wished to withdraw from the study. The participants from Red Deer were recruited through presentations by public health nutritionists and posters placed in the community. These participants were offered a group within a few weeks of phoning for information about the sessions and there was no drop out from the time of information to the beginning of the sessions. The participants from Edmonton remained interested enough in body image over two years to wish to continue to participate. The Edmonton group may have represented a group of women that had a more concentrated interest in body image than the Red Deer group.

Attendance & Group Size

The two groups started with a different number of participants in each. The Edmonton group was larger with eight participants. However, one participant dropped out after the first session reducing the group size to seven. The Red Deer group started with six participants, with one participant dropping out after the fifth session reducing the group size to five. The attendance at the group sessions is summarized in table 9. Based on the attendance information the maximum number of participants to attend an Edmonton group session was nine participants, the minimum was three, the mean was 5.58 participants and the mode was five participants. For the Red Deer group the maximum attendance was six, the minimum was two, the mean was 3.40 participants and the mode was four participants.

Table 9. Attendance at Group Sessions

Session	1	2	3	4	5	6	7	8	9	10	11	12
Edmonton	8	6	7	5	3	5	6	5	5	3	6	7
Red Deer	6	6	2	4	5	2	4	4	3	4	4	3

Attendance and group size were extremely important to the group process. One of the main ways that the participants learned new information or increased their understanding of impacts on body image was through other participants sharing their experiences. With a group of two or three participants the opportunity for learning and experience sharing was greatly reduced. As well, when the group had nine participants it limited the sharing opportunity of each participant. Within the Red Deer group often the group size was smaller than optimal, reducing the opportunities for the participants to hear experiences of other women and develop a deeper understanding of the factors that impact body image. With the Edmonton group starting with just two more participants, at most group sessions there were enough women to hear several different perspectives, and still allow time for everyone to have an opportunity to share. From my observation when the groups with five to seven participants it allowed for the optimal sharing of experiences.

In order have a regular attendance of between five to seven participants, the original group size should have been slightly larger to account for drop-out and participants being unable to attend sessions for various reasons (i.e. vacation, poor driving conditions, work/school schedules, illness, lack of childcare). In Edmonton, participants attended an average of 67.7% of sessions, with two participants attending all twelve (100%) of the sessions, and one participant attending only one (8.3%) of the sessions. In Red Deer, participants attended an average of 65.3% of sessions, with one participant attending twelve (100%) of the sessions, and one participants attending only three (25%) of the sessions. Based on the average attendance of 65.3-67.7% at the Edmonton and Red Deer sessions, and considering the attendance was fairly consistent across the twelve sessions, with the exception that there was one participant to drop-out from each program over the first six sessions, recruiting between eight to eleven participants for future similar interventions would be appropriate if a group size of five to seven is optimal.

Group Environment

Both the Edmonton and the Red Deer groups provided a comfortable and safe environment for participants to share their experiences. From the first sessions until the last session the participants talked about how much they enjoyed and felt comfortable within the group. "I enjoy coming here, I enjoy sitting here and talking and learning more about myself" (Session 2, T1S2 240, Jean). The supportive group environment was important to the processes of change that occurred within the group. The group provided a safe and supportive environment for participants to share their experiences openly and honestly, "I feel honoured that you shared so much" (Session 2, T1S2 240, Brenda), "I feel safe here, I enjoy the company and the input that everybody gives" (Session 2, T1S2 240 Pauline), "I love the openness here" (Session 6, T2S1 152, Susan). The participants also talked about their commitment to the group, "I love coming here, whether I'm tired or not, I never feel tired when I get here" (Session 7, Susan), "I am going to miss this when we are done, like even though I'm not golfing it's okay, it's worth it" (Session 8, T2S2 257, Lucy). They talked about the energy they felt after coming to the groups. "I feel really positive. I think it was a really good discussion tonight. I just like the honestly, it's a safe place and I have more energy leaving" (Session 6, T2S1 331, Mary). Participants agreed that the supportive group environment was important to them working on body image issues in their lives and in their communities. The keys to the supportive environment within the group were the feeling of safety from all the participants sharing personal experiences and the commitment participants showed to the group and other participants through regular attendance.

Sense of Anonymity

The two sites were approximately 150km apart. The site for the Edmonton group was in a city of just under one million people, the site for Red Deer group was in a city of approximately 70,000 people. Within the Edmonton group only two of the participants knew of each other in any way prior to the group sessions. They worked in the same office building, however, in different departments. The participants in Edmonton indicated that they were more comfortable meeting with strangers than if they had known one another prior to the group sessions. “I’ve never felt so comfortable before, I think I feel more comfortable with strangers” (Session 1, T1S1 600, Susan). In the Red Deer group, because of the size of the community and the way the participants were recruited almost all of the participants knew one another in some way. Two participants worked together, one participant was the daughter of another participant and four of the participants went to the same gym. It may have been more difficult for the Red Deer group to feel as comfortable as the Edmonton group in sharing personal information because of a reduced sense of anonymity.

Progression of Group Session Topics

Several factors influenced the progression of the group session topics. During the first five sessions the participants played less of a role in the direction of group sessions, so both groups started the first five sessions in a fairly similar manner. Each of the groups started with a session that gave the participants a chance to get to know one another, introduce the topic of body image and start to develop media literacy through a puzzle activity. Several of the participants from the Edmonton group had attended informational sessions on body image in the past, which provided them with background knowledge regarding defining body image and factors that influence body image. This probably helped to move the Edmonton groups’ understanding of body image along a little further a little faster. Session two for both groups looked further at defining body image and what factors had affected the body image of participants. For the Edmonton group the discussion in session two was largely around cosmetic surgeries because three of the participants had been affected by those. While in Red Deer the discussion was more around family and sibling influences because of a recent experience of one participant's sister dealing with in-laws.

Media literacy and activism were the focus of sessions three and four in both groups. In session three participants further developed media literacy through the viewing and discussion around the *Slim Hopes* video. In session four participants talked about reasons they might want to influence the media and learned about effective ways to make complaints or comments on advertising. How the participants decided to act on that information varied. Following the viewing of the video, Lucy, a participant in the Red Deer group shared how after the first group she noticed how she was more aware of her reaction to normal size women in advertising after viewing ultra thin models in advertising. This occurred while reading a *Shape* magazine which guided the media activism efforts of the Red Deer group for the remainder of the sessions. The Edmonton group never did any group activism work, rather one participant did media activism on her own in relation to the *Shallow Hal* movie she shared her experiences with the group. Participants talked about being willing take action in future but only on things that affected them directly or that they felt passionate about.

Assertion was the main topic of discussion for the fifth and sixth sessions for both groups. Participants had varied reasons for wanting to develop assertion skills. Certainly, not all were directly related to body image. Assertion skills were viewed by both groups as being important for responding to weight and appearance related feedback, as well as commenting on the media. One participant from Edmonton had attended an assertiveness training weekend in the past. Having her to share her experiences and success with assertion probably increased the motivation and interest of the Edmonton participants in developing assertion skills.

Table 10. Progression of Group Session Topics for the Edmonton & Red Deer Groups

	Edmonton	Red Deer
Session 1	Introducing Ourselves	Introducing Ourselves
Session 2	Introducing Body Image	Introducing Body Image
Session 3	Media Literacy	Media Literacy
Session 4	Media Activism	Media Activism
Session 5	Assertion	Assertion
Session 6	Assertion & Weight stigmatization	Assertion
Session 7	Dieting Dangers	Weight stigmatization
Session 8	Healthy Eating	Weight stigmatization & Dieting
Session 9	Power	Healthy Eating
Session 10	Planning for the Future	Body Movement
Session 11	Aging & Sexuality	Power
Session 12	Pot-luck & Evaluation	Pot-luck & Evaluation

As shown in table 10, by session seven the participants started to provide more direction regarding the group topic progression, causing the groups to start to move at different paces and in different directions. The Red Deer group because of less experience and knowledge in the area of body image spent more time discussing and understanding issues around weight stigmatization through session seven and eight. The Red Deer group finished the group sessions off with the topics of dieting dangers, healthy eating body movements and power. During session seven and eight the Edmonton group moved on to discussing the risks and concerns associated with dieting and then the benefits of healthy eating. In the ninth session, the Edmonton group discussed power. Following the session on power the Edmonton participants decided they wanted to start to make plans for the future for maintaining and improving body image after the completion of the group. In the tenth session one participants suggested the topic of aging and sexuality for discussion in session eleven. The Red Deer group choose to spend more time exploring the issue of weight stigmatization and defining health, while the Edmonton group decided to spend group time talking about plans for the future, aging and sexuality.

Both groups concluded their final session in similar ways with a pot-luck and evaluation. For the Red Deer group this was the last time they would meet as a formal group. For the Edmonton group they had planned to continue meeting following the end of the formal group sessions. Throughout the group sessions the discussion were built on the experiences, influences and interests of participants. The experiences and influence of the participants were tied to societal norms, because of this many of the experiences were similar in nature and the skills and knowledge that participants wanted to develop were also similar. Participants guided the activism work as well as the progression of discussion. This was more successful in the Edmonton group, likely because the facilitator had fewer preconceived notions of how the group should be progressing.

Group Sustainability

The Edmonton group felt the supportive environment of the group was important enough to make plans to maintain a support network following the completion of the group sessions. Unfortunately, that group only met twice. The three main concerns of the participants were leadership, membership and meeting space. Several of the participants indicated they did not feel comfortable leading the group following the end of the formal sessions, "We need someone to flicker the flame and then let us run with it, then I can become a fire, but you need to know what to light" (Session 10, T1S2 253, Pauline). These three issues were not fully resolved by the end of the formal group sessions which likely contributed to the break-down of the group. To prevent the break-down of future groups a facilitator could pay more attention to the concerns of the group regarding leadership and phase out their leadership role rather than making a blunt exit from the group.

Conclusions

The same intervention process was offered to both an Edmonton group of participants and a Red Deer group of participants. However, due to differences between the two groups the topic progression and information shared and experiences of the groups were different. There were several factors that affected the group experiences; these included the facilitator experience, participant diversity, group size, time between recruitment and provision of an intervention, world events, group environment, sense of anonymity within the group, as well as past experiences, influences, knowledge and interests of the participants. Diversity within the group was extremely important for discussing varied experiences and coming up with creative solutions. Having participants with varied background knowledge and experiences helped the discussions progress and determined the progression of discussions. Having participants at various ages, from various cultural heritages with various experiences helped participants to broaden their understanding body image and resulted in more creative ideas for dealing with body image discontent in society. Five to seven participants was the optimal group size that allowed all participants to have an opportunity to share their experiences, while offering diverse experiences. Based on the average attendance rates recruiting eight to eleven participants for a group would have been optimal. Both the Edmonton and Red Deer participants described the group environment as a comfortable and safe place to share their experiences. However, because of a reduced sense of anonymity associated with the size of the community Red Deer group participants' may have had a reduced willingness to share experiences. The sense of anonymity could have been increased, even in smaller communities through the use of more broad recruitment methods. Recruiting participants through more diverse strategies and waiting until nine to eleven participants had agreed to participate may have addressed several of the factors that influenced the group progression. Finally, the Edmonton group attempted to continue meeting following the end of the formal group sessions. Unfortunately, they only met twice. To prevent the break-down of future groups a more attention could be paid to the concerns of the group regarding leadership, meeting space and membership. Regarding leadership, possibly phasing out the leadership role of the facilitator would have been better rather than making a blunt exit from the group. Although the groups progressed differently and the participants choose to different areas of focus throughout the group sessions both of the interventions had a positive effect on the body image of participants.

CHAPTER SEVEN

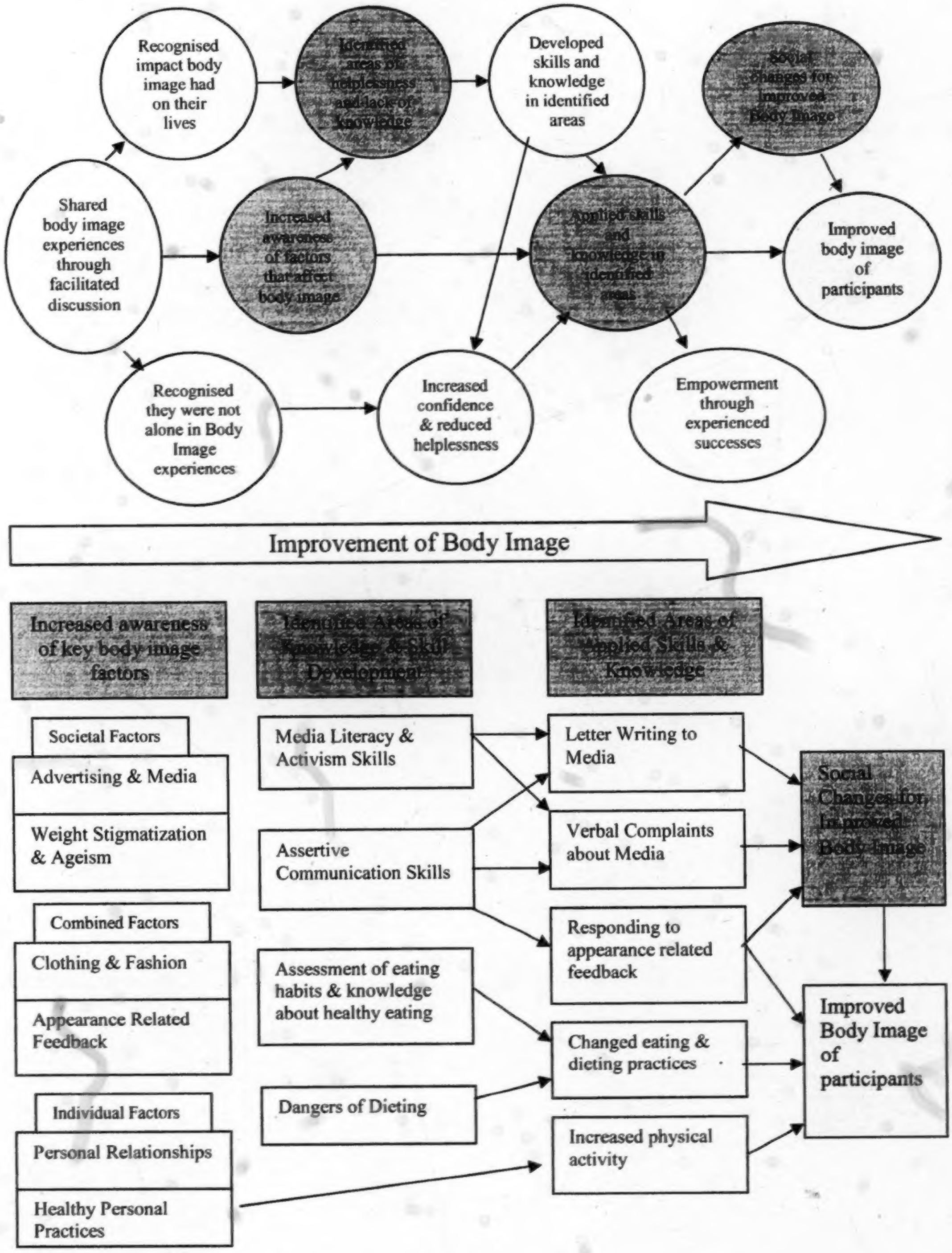
The Process of Change: Sharing and Addressing Influences on Body Image

Introduction

The process of analysing qualitative data revealed the emergence of several key themes that provided insight into a process of body image development and change. Key themes that emerged include societal factors (advertising and media, weight stigmatization and ageism), individual factors (personal relationships and healthy personal practices) and factors that are a combination of individual and societal (clothing and fashion, and comments about weight and appearance).

Throughout this chapter a theorised process of body image change will be presented. Figure 6 is a schematic representation of that process. Through sharing personal experiences participants identified factors that affected their body image; as well they recognised the effects that their body image had on their lives. They also recognised that they were not alone in their body image experiences when they related to the experiences of the other participants. Through the sharing of those experiences the participants built an awareness of the issues around body image and identified areas where they felt helpless or lacked the knowledge needed to achieve change. Within the group participants were given the opportunity to increase their knowledge and skill in the areas they identified. Through increasing awareness, skill development and group support participants built their confidence and plans to address specific factors that affect body image. Through continued support and success in making changes to factors that affect body image participants were empowered to make further changes and improve their body image.

Figure 6. Theorised Process of Body Image Change


Recognised impact body image had on their lives
Identified areas of helplessness and lack of knowledge
Developed skills and knowledge in identified areas
Social changes for improved Body Image
Shared body image experiences through facilitated discussion
Increased awareness of factors that affect body image
Applied skills and knowledge in identified areas
Improved body image of participants
Recognised they were not alone in Body Image experiences
Increased confidence & reduced helplessness
Empowerment through experienced successes
Improvement of Body Image
Increased awareness of key body image factors
Identified Areas of Knowledge & Skill Development
Identified Areas of Applied Skills & Knowledge
Societal Factors
Advertising & Media
Weight Stigmatization & Ageism
Combined Factors
Clothing & Fashion
Appearance Related Feedback
Individual Factors
Personal Relationships
Healthy Personal Practices
Media Literacy & Activism Skills
Assertive Communication Skills
Assessment of eating habits & knowledge about healthy eating
Dangers of Dieting
Letter Writing to Media
Verbal Complaints about Media
Responding to appearance related feedback
Changed eating & dieting practices
Increased physical activity
Social Changes for Improved Body Image
Improved Body Image of participants

Recognizing Impacts of Body Image Discontent

> *You know what would be utopia would be like if it was a non-issue, like something you never had to think about, think about what we could do with all the other things in our lives, like if we never had to think about whether we look good (Session 2, T1S1 484, Linda).*

Through facilitated discussion participants shared the impact that body image discontent had of their lives. Body image had an impact on various areas of the lives of participants. It affected their personal health practices, their relationships, as well as their freedom to express themselves through clothing choice. Through these discussions participants were increasingly able to recognise the impacts on their lives and how getting involved in body image change could improve their lives.

Healthy Personal Practices

Body image discontent affected the personal health practices of participants in variety of ways. For some participants it affected their comfort level with receiving appropriate preventative medical services, for other participants it affected their eating habits and dieting behaviours, it affected the physical activity level of some participants, it affected decisions to have cosmetic surgeries, purchase weight loss gimmicks or to take diet pills. For almost all participants, body image discontent had some negative effect on their health.

Preventative Medical Services

Body image discontent can result in the avoidance of appropriate preventative medical services, such as yearly medical check-ups. One participant indicated a fear of going to the doctor because she was afraid of stepping on the scale and the weight related comments she might receive. Avoiding preventative medical services could result in missing the earlier detection of serious medical problems.

> *I have not had a physical in 14 years. Isn't that disgusting? ...and you know why, because I don't want to see a number on that scale. I am afraid of the scale. And I thought, January, it gives me time to lose weight* (Session 5, T1S2 223, Ruth).

Avoidance of preventative medical services in relation to body image discontent has not been explored in the literature. However, Fontaine et al (1998) found that obese women were less likely to seek or receive preventative health services than their normal-weight counter parts (Fontaine, Faith, Allison, & Cheskin, 1998). As well, other avoidance practices have been linked to body image discontent (Cash, 1997; Faith & Schare, 1993). Avoidance is a self-protective action that is motivated by the hope of preventing discomfort more than providing pleasure. In this case, Ruth was avoiding preventative medial services to avoid negative feelings about her body in relation stepping on a scale.

Smoking

Smoking is one method that women sometimes use to control their weight (Garner, 1997). One participant talked about how smoking was an effective method for her to keep her weight down. Prior to joining the group, this participant had already recognized that the negative effects of smoking on her health were greater than if she quit smoking. However, she laments the negative effects of quitting smoking on her body image.

> *The thing that really ticks me off, is that I quit smoking, I smoked for 28 years, which helped to keep my weight down and after 28 years of smoking I quit cold turkey and I have never touched a cigarette, never even had a puff and I've gained 47 pounds, and that is six years* (Session 8, T2S2 038, Ruth).

Eating Habits

Body image discontent influenced the eating habits and dieting decisions of the participants. It is generally accepted that "the most well supported risk factor of maladaptive eating and dieting is body image" (Cooley & Toray, 2001, p. 28-29). In relation to maladaptive eating, participants talked about how they were self-conscious eating in front of people, how they would eat in secret and how they overly restrict eating because they were concerned about over eating. "I am really self-conscious about (eating), especially in front of males because what are they going to think of me" (Session 4, T1S1 595 Emily). "I am one of those closet eaters, no one knows I'll even sneak a little bag, I put it back in a little cupboard and eat them" (Session 3, T1S1 262, Susan). Also, because of concerns over weight, participants tended to restrict their eating, "I was so scared of eating when I am hungry, I would just try and pacify it, and actually I would have coffee when I was hungry" (Session 8, T2S1 320, Susan). This resulted in eating inadequate amounts of food, based on a nutrition self-assessment tool, "I am not eating enough of the right things either according to that (Canada's Food Guide to Healthy Eating (Health Canada, 1992)) I have to eat more, I am so conscious of not eating too much that I am often not eating enough" (Session 8, T2S1 260, Susan).

One component of body image discontent is the desire to lose weight. In order to lose weight and decrease the discrepancy between perceived-weight and ideal-weight many participants had engaged in dieting behaviours. Participants shared their dieting experiences. Participants recognised that that these diets did not improve their health. They stated that their main reason for dieting was not to improve their health rather it was to fit into clothes. The following quotes describe the dieting experiences of two participants.

> *I went on the pineapple Hollywood diet, somebody gave me the book so I though I would try it. Pineapple has got this enzyme that is supposed to break down fat, but oh it was so acidic, my lips broke down and blistered* (Session 7, T1S1 439, Brenda).

> *I have taken my weight off a few times. Once was through diet centre on 500kcal/day diet and if I didn't lose a pound a day I could eat nothing but grapefruit and eggs... I also did a liquid protein diet, I ate nothing but liquid protein for three months... but each time I gained my weight back because you can't maintain that. I ate 500kcal/day for at least three months though...I was already having my hair fall out and every time I gained my weight back plus more. The first was diet centre and I gained my weight back plus 20 pounds more, then I took it all off and then I was 20 pounds more...so I still go back and think if I would have accepted my body at this much, I would have saved that much I think those things messed up my metabolism so much...* (Session 6, T1S2 309, Linda)

Body image discontent affected the health of participants through restrictive eating and dieting. These dieting experiences quite possibly negatively affected the nutritional status of the participants, and several of the diets the participants tried resulted in net weight gain which would have a negative effect on health and body image.

Diet Drugs

Diet drugs were another way the participants attempted to manage their body image discontent, which resulted in a negative effect on their lives. They talked about how losing weight was more important than their health and even though they had heard about the possible side effects they consider the risk to be worth taking. "I'm going to lose this much and then I'll feel better. I'm in good health, nothing will happen to me, and you honestly believe that" (Session 7, T1S2 047, Susan). Even after Fen-fen was removed from the market, because of concerns over serious potential side effects, participants were dissatisfied with their bodies enough to request it from their physicians. Women often talk about wanting to lose weight for health reasons, even though the methods they choose are potentially more dangerous to their health than maintaining their weight. "I think sometimes you are just possessed with this need (to lose weight) and you need that more than your health (Session 7, T1S2 047, Pauline). Similar to the experiences shared by the participants, Whisenhunt et al (2003) found that women who did not need to lose weight but, had significant body image discontent were willing to use potentially harmful weight loss products despite the knowledge that such products might post significant health risks (Whisenhunt, Williamson, Netemeyer, & Andrews, 2003). One participant recounted the story of her experience of requesting Fen-fen from a physician.

> *I wanted to lose weight for this wedding...this doctor I went to he wasn't my doctor, but he gave me these pills and it did work...I didn't even tell my husband I was taking these things on the side. He thought I was being so good, watching what I was eating and exercising and here I'm taking pills... I went in there and he didn't know anything about me, and he did tell me, you're not really overweight and I said I feel I am and this is how much I want to lose and he said 'you know this isn't going to be long term, if this is just for a wedding or just for this or that' he said 'it's fine' so he gave me the prescription. He couldn't give me Fen-fen because they were doing a study at that time and somebody had died or a few people had died and it was taken off the market and he would have gotten in trouble if he would have prescribed that so it was something completely different, but I don't know what it was...there was two pills and I tell you it really screwed me up...I couldn't concentrate, my memory was gone...but you know I didn't care...I was determined to lose that weight and I did...but as soon as you went off you gained it back and he did say you would...*(Session 7, T1S2 018, Susan)

Weight Loss Gimmicks

Due to body image discontent many participants had some experience with weight loss gimmicks from weight loss pills, to gadgets that vibrate your stomach, to having their bodies wrapped in plastic wrap. "I can't tell you the thousands of dollars I've spent on gimmicks…Just recently I spent $30 on vitamins from a health food store that are supposed to burn the fat off my body…I didn't even open them" (Session 2, T1S1 545, Linda). Participants talked about how because their weight and weight loss attempts were a sensitive issue for themselves and others they did not talk to people in their normal circles about weight loss gimmicks. These gimmicks trick many women into wasting their money. They also may prevent women from improving eating habits or increase physical activity because they convince them that those are unnecessary to achieve weight loss or positive health changes. Participants may have experiences feelings of failure when the products were ineffective in producing change. Providing an opportunity to discuss the weight loss gimmicks and hearing about the products not working from other people similar to themselves was a valuable way to recognise that they had not failed, the products had failed.

Physical Activity

Physical activity can be important in influencing body image and overall health. A study in Norway, of women and men aged 18-67 years found that "active women and men aged 30-44 and 45-67 were significantly more satisfied with their appearance than their inactive counterparts" (Loland, 2000, p.197). Physical inactivity may be both a result of body image discontent, as well as a source of body image discontent.

> *Right now I feel really bad about my body and I'm in bad shape and everything, then I'm really hard on myself and I see myself as kind of a loser... whereas when I was more physically fit and felt good about myself then it showed* (Session 2, T1S1 335, Pauline).

Participants talked about how body image discontent was a barrier to physical activity. Participants stated that "you have to be in shape before you do something like that because that's quite active" (Session 10, T1S1294, Pauline). One participant had an interesting journey through her feelings about physical activity she went from, denial about the importance of activity and her reasons for not being active, to purchasing a recumbent bike and using it in her home. In session two this participant shared her distaste for physical activity, "I call it fitness freaks, and exercising and doing this and doing that, I don't do anything… I hate exercising, any form of it" (T2S1 296, Ruth). By session five, Ruth was able to share more honestly about her feelings about physical activity, "I won't go into the gym, because I don't want to be the biggest person at the gym… That's why it's not for me, I'm being more open" (T1S1 400, Ruth). Once Ruth was honest about her feelings about physical activity she was able to move forward and make positive changes,

> *You will be happy to know that I bought myself a stationary bike and I rode it last night...A recumbent one, it was put together by my husband and he didn't miss a part. I went 3.1 km last night. I'm sore, it was easy and I was watching TV, I didn't realize I had been on it that long and gone that far and finally my foot just sort of fell off the peddle and I looked, and it does your heart right* (Session 8, T2S2 325, Ruth).

Several participants avoided physical activity because of public self-consciousness related to body image discontent and fears of exercising in front of other people. Those fears were related to being larger than others or not being able to do the activities they thought would be enjoyable. Physical activity and active living are an important part of maintaining health (Vuori, 1998). Participants needed to recognise how body image discontent was affecting their decisions to be physically active in order to find ways to increase physical activity.

Cosmetic Surgery

Some of the reasons that several participants decided to pursue cosmetic surgeries were related to body image discontent. Of the 14 participants, one participant had breast augmentation, two participants had breast reductions. The participants talked about how their body image affected their decisions to have surgery. One participant talked about a body image related reason she decided to have a breast reduction "I hated walking by a window and seeing my reflection, it was horrible, I feel so much better" (Session 2, T1S2 090 Susan). Another participant shared why she decided to have breast augmentation,

> *I have breast implants, they called me two-back when I was young...I carried from my teen* (years) *feelings that I was a freak... I have had them both replaced. My first ones were saline, the second ones were silicon. My brother asks, 'why don't you get rid of them? It could be harming your health' and that shows to me how insecure I would be if I gave them up. I'm not a great figure but at least I feel somewhat proportional* (Session 2, T1S2 120 Pauline).

For one participant the surgery took away one body image concern and added a new one, "I am horrified by the scars, that is like a major thing with my body image, I've now had it (breast reduction) close to eight years and I still have big red welt scars on my body" (Session 2, T1S2 090, Sheila).

Cosmetic surgeries had both positive and negative effects on the body image of participants. Participants recognised that body image discontent was one of the reasons they decided to undergo cosmetic surgeries. Studies support that body image dissatisfaction is associated with the decision to have breast augmentation and breast reduction surgeries (Sarwer et al., 1998). However, there is limited information on the effects of cosmetic surgery on body image postoperatively. The participants in this intervention felt that cosmetic surgery was not the answer to their body image concerns.

> *It's like painting one room in the house, you've always got to paint the whole house or it looks shabby. I had a breast job done and I was so happy with that, but now I'm not satisfied with other areas* (Session 11, T1S2 446, Susan).

Personal Relationships

Participants talked about how body image discontent affected their personal relationships. Specifically relationships with significant others seemed to suffer the most due to body image discontent. Body image discontent affected the way participants related to their significant others, their ability to trust them, and their ability to feel comfortable in intimate situations with them. It also affected the decision to start or stay in relationships that could become intimate.

Participants talked in general how their body image affected relationships with significant others. Participants talked about how they had difficulty accepting compliments and praise from their significant others. Participants talked about not believing positive comments they receive but rather they would "believe what I feel about myself that that would be the truth" (Session 1 T1S1 440, Pauline).

> *I have a very tough time with the way I look, I think a lot of what I say to my husband has a lot of basis in that...maybe I am looking for fault because I don't feel very good about myself and I'm thinking that maybe somebody else should not be feeling good about me...* (Session 5, T1S1 379, Mary)

> *That's my area I lack in (self-esteem)... my husband constantly tells me I don't know why you don't have any and he tells me positive things, and what he thinks*

> *is positive, I don't think is very positive and it's almost like he yells at me, I don't understand why you don't think better of yourself...* (Session 5, T1S2, 000 Susan).

Body image discontent also affected the participants' ability to trust their husbands. One participant talked about the fears she has of her husband having an affair.

> *My body when it comes to my marriage, one of the greatest fears that I have, and I have many, is to be exchanged for a newer model, my father had affairs, and I saw how it devastated my mother...my husband would never stray, but my fear is there, I too gawk at beautiful women, but when I see him...I notice when he does it, and I can't control the emotions* (Session 11, T2S1 133, Brenda).

Body image discontent affected the decisions of participants to get involved in new relationships with men. Several of the participants talked about the apprehension they feel about being naked in front of significant others and how that affects new relationships.

> *Even the whole dating stuff, because you think at some point you are going to have to be naked with that person and that's a big risk, it puts big road blocks in starting new relationships, your body image does...* (Session 10, T2S1 283, Linda)

Participants were not only speaking of new relationships and difficulties being naked but even after years of marriage, as their bodies change they are concerned about how their spouse will react.

> *Sometimes I feel embarrassed about my body and I shouldn't, I've been married for over 28 years...and now your body is changing, it's like you're still remembering yourself when you were like 18, 19, 20 years old and you are so*

> *upset with yourself for changing and you don't feel like you're attractive even to your spouse* (Session 10, T1S2 283, Susan).

Body image discontent affected the trust and communication the participants had with their significant others, it affected their interest in starting new relationships and it affected the sexual relationships the participants had with their significant others. Although not yet studied, it has been suggested that body image discontent may result in sexual difficulties or avoidance of social situations that may put stress on the marriage (Friedman et al., 1999). The qualitative information provided by participants support this hypothesis, however, more research in this area is needed to understand the influence that body image discontent has on women's relationships with significant others.

Clothing & Fashion: Covering Up to Meet Societal Expectations

Participants talked about dressing to cover parts of their bodies that they were dissatisfied with, or concerned they would be judged about. This limited participants comfort and ability to participate in certain activities they enjoy. Participants talked about judging other women and their own feelings of being judged when wearing clothes that didn't suit them based on societal expectations.

> *My mother wears low cut clothes, always is dressed quite provocatively. She's fairly thin and she has no breasts whatsoever. She can do that and not look too bad. I do that and look like a tramp, and I've had people say that to me. Just in the last little while, it's flipping hot out there. Why should I wear a coat? Why should I wear a big t-shirt? Why can't I wear a real tank top and who cares? But its true there's that image, beyond just being fat or thin, if you have breasts,*

> *how dare you wear a little shirt, because you look like a tramp and you do, people think that. Why should I cover them up? Why should I care so much what I look if I look trampy? I'm not, so why should I care? It's in my head* (Session 4, T1S2 000, Sara).

Bathing suits are a particular area of discomfort for many women. One participant talked about avoiding taking her kids to the beach because she was afraid of what people would think on her wearing a bathing suit, while the other group members challenged her.

> *Sara: I am not going to the lake this summer, because I don't want to wear a bathing suit. I am not going to go into the water with my two year old. Can I make myself do that ... I don't want to hear other people's thoughts in my head, because I figure I know that they're thinking...That I have put on lots of weight... whether it's right or wrong its reality (Session 8, T1S2 445)*
>
> *Lucy: Go to the beach and people will see you playing with your little boy and your little girl ripping and sorting and carrying on having fun and that's what they are going to see, they are not going to see you in your bathing suit.*
>
> *Sara: You're right but I see me in my bathing suit and I feel it and I can't cover it up. I even bought a bathing suit big enough, which is the saddest story in my day.*
>
> *Lucy: If you focus on your kids and your happiness that is what they'll see.*
>
> *Sara: Now I'm going to be there thinking, yep they're right I'll be there playing with my kids thinking of all of you.*

Certainly feeling comfortable in a bathing suit is difficult for many women. Many women who enjoy swimming or enjoy playing with their children at the beach or the pool will avoid these activities due to public self-consciousness and the perception that people are watching and judging them based on their appearance. Negative body image impacts the relationships that women have with their families, limits their opportunities to improve or maintain health through active living, as well as limiting their ability to dress comfortably.

Summary of Impacts

Throughout the group sessions participants shared the ways that body image discontent had affected their lives. Certainly body image discontent affected their health, their relationships with significant others and their choices in wearing clothes that are comfortable and allow them to participate in the activities they would like to. Through talking about effects on their lives, participants gained a greater understanding of the importance of addressing body image discontent, "I've always felt that my body is not good enough at all stages of my life and I hadn't realized it was so significant" (Session 3, T1S1 320, Pauline). Recognising the significant impact of body image discontent on their lives provided some of the motivation for participants to make changes to improve their body image.

Increasing Awareness about Factors that Affect Body Image

Through facilitated discussion participants identified factors that had affected their body image. In order to move towards improving body image participants needed to understand how and what affects body image. Several factors, as identified in figure 5, that participants indicated affected their body image included media and advertising, weight stigmatization, ageism, clothing and fashion, appearance related feedback, personal relationships, and healthy personal practices.

Advertising and Media

The body image of participants was affected by media and advertising. Participants were exposed to media through magazines, newspapers, television, radio and internet. "So constant and so unrelenting, they never give us a break" (Session 1, T1S1 200, Linda) was how participants were feeling about the media and beauty ideals. Media was the main way that participants were exposed to unrealistic societal expectations for women. "Society puts pressure on us as women to look like this (pointing to an advertisement), no matter what our age and heritage, or actual genetic composition" (Session 1, T1S2 032, Ruth). Participants talked about the emphasis that the media puts of appearance,

> *I think the media affects me because it brings back looks all the time. Everywhere you go, it's giving the message that it really matters what you look like, and I feel that all the time. It brings up looks as important too often and emphasizes the 'way out of proportion importance' that society* (puts on appearance) (Session 4, T1S1 518, Sara).

Participants talked about the influence of media on the value of individuals based on their weight. One participant thought that they way media portrays fat and thin individuals affects the self-worth of heavier individuals and that media puts a lower value on heavier individuals,

> *It makes me question my value in society, because I am a heavier person. I have a brain in my head and I use it regularly. But I don't feel that is what is seen. Reality is 80% of what people are judged on is what is seen. Now that hasn't really bothered me on the surface, but I put a façade on that it doesn't bother me* (Session 4, T1S1 577, Betty).

Media influenced participants through selling the sociocultural ideals. Research supports that media is one of the most powerful conveyer of sociocultural ideals (Tiggeman & Slater, 2004). Media sells a narrow view of ideal that does not take into consideration age or genetics of individuals. It sells the ideal that individuals have increased value in society if they are thin. All of the ideals that media tried to sell the participants increased the discontent they felt about their bodies. These ideals in the media are sold, not only to women but to all of society and result in weight stigmatization and ageism in society. As well, they affect the fashion industry and expectations in personal relationships.

Weight Stigmatization & Ageism

Feelings about weight and appearance are at least partially grounded in the societal expectations. Research supports that there is a culturally acceptable stereotype and negative attitude towards people who are overweight (Cossrow et al., 2001). Negative feelings about weight and aging that are reflected in societal expectations and can be self-defeating and lead to body image discontent among women. Although most participants were not familiar with the term weight stigmatization, they did feel that there was a prejudice in society against people based on their size. "I think everybody is prejudiced against fat people, it doesn't matter what size or shape you are, we are prejudiced…I know it's not right" (Session 8, T1S1 069, Lucy). Participants felt there was a prejudice in society based on age which was connected to how old you appeared, not actual age. The impression was that prejudice against age and weight were not likely are bad as other groups who have experienced prejudice, but that these prejudices are getting worse.

> *I think the abuse is more subtle with weight than it was with blacks or with the natives, but I think it is getting worse, because of society's obsession with weight and what the norm should be (*Session 8, T1S2 043, Ruth).

Participants were able to provide many examples of weight stigmatization in our society. Participants provided examples of how employers and educational institutions demonstrate weight stigmatization when accepting application for work or education. "I think if you have two people with the same resume and one person walks in who is attractive and one who's not, I think surely the attractive person will get the job" (Session 6, T1S2 106, Susan).

> *I was interested in nursing a number of years ago… and she said that you must have a healthy lifestyle, and the discussion around the table centered that you have to be thin. The perception was how could you be a nurse in a health care facility if you were a larger size? That doesn't mean that you weren't capable, doesn't mean that you weren't as compassionate, it just meant that you didn't fit there stereotype of healthy* (Session 7, T2S1 244, Betty).

One participant was able to provide a personal example of how weight changes cost her job.

> *I used to be a Coca-cola girl and I got fired because I no longer fit the demographic, I was supposed to look like I was between 25 and 34 and I was thin when I first became a Coca-cola girl...I made lots of money doing it, but I was fired because I gained weight and it was described as I no longer fit the demographic* (Session 6, T1S2 117, Linda).

Participants also talked about how the effects of aging and their changing bodies affected their body image. In a society obsessed with 'stopping the clock' on ageing, changes associated with the natural process of ageing often have a negative effect on body image (Oberg & Tornstam, 1999; Gupta & Schork, 1993). "It's an inevitable thing but it still feels weird when you look in the mirror and go, 'who are you?'" (Session 11, T1S1 156, Linda) They talked about how their weight had increased over time, how they have more wrinkles and how overall they just look different from when they were younger. "I look back on pictures and I was thin, I know I wasn't happy with my body and now I'd give anything to look like that" (Session 2, T1S1 570, Susan). "Last year I turned 50 and my family collected pictures, I looked and couldn't believe how thin I was…I was embarrassed because of what I look like now because I looked that way before" (Session 2, T1S1 580, Pauline). Although thoughts and feelings about their bodies seemed to be more negative they age, the participants talked about both positive aspects of aging. On the positive side participants talked about their personalities mellowing, having a better ability to prioritise, having more knowledge, and more quality relationships as they age. One participant talked about coming to terms with her greying hair,

> *I went grey fairly early, and my former spouse didn't HE want the grey hair and I had it. After he left, probably within the first year, was the first time I coloured my hair. My sister and I went out on a girl's weekend, we dyed our hair and then I thought that's not too bad. I went to the hair dresser about a week ago and asked, 'how hard is it to grow back out?' I think I had to feel younger and better looking, more desirable because I was so hurt...The fact that I'm even thinking of going back to grey hair makes me think I must have come to some peace with where I am* (Session 11, T2S1 304, Pauline).

Participants talked about one of the reasons they were having negative feelings about their bodies in relation to aging was because of the ageism in society. In a society that devalues women as they age it is difficult for women to adopt or maintain positive attitude about their bodies as they age (Chrisler & Ghiz, 1993).

This participant was able to provide an example of ageism in the workforce,

> *I honestly, if I had the money, when I reach a certain age, I honestly don't know if I wouldn't get a face lift to make myself look the way I felt, so that I don't have to put up with the prejudice in our society. It isn't an option for me, but say I had extra money, flitter money, I can't honestly it wouldn't cross my mind instead of buying really expensive make-up. I would like to go and work in the UK, but I can't go because they want people who are 28 or younger, now that's ageism right there* (Session 11, T1S2 105, Sheila).

Participants did feel that ageism and weight stigmatization had a significant effect on their body image, "So ageism can affect our body image by thinking that we need to change the way we look so that we can go back to being treated like before we were grouped into this group of people in a certain age" (Session 11, T1S2 200, Linda).

Clothing & Fashion

> *I have a dream that I am going to meet the man of my dreams and I'm going to get married but I can't imagine how that is going to happen if I have to share a closet with somebody*...(Session 8, T1S1 150, Linda)

One of the most commonly occurring themes throughout the group sessions was clothing and fashion. All the participants and most of society start their day by getting out of bed and changing into an article of clothing they have in their closets. How that piece of clothing fits sets the tone for how they feel about themselves for the rest of that day.

> *I wouldn't even care what I weighed or what I looked like, as long as I could go into my closet and there's all my little outfits and I could just pick one up and I put it on and it fits, every time* (Session 5, T2S1 000, Julie).

Issues identified by participants around clothing and fashion that affected the body image of participants were closets with multiple sizes of clothes in them, availability of clothing that was fashionable and fit their body type, and the labelling and segregation of clothing based on size.

Several participants talked about having three set of clothes in their closets, one for when they are small, one for their normal weight and one for when they are heavier. Keeping three sets of clothes affected their lives in several ways. It limits the choice they had in clothes that are in their closets because they could only wear one third of the clothes. The small size clothes is a reminder of a time when they felt better about themselves, it was a constant source of guilt and sadness that they see every morning that tells them body is not the way they like it. Participants stated they keep the small sizes for several reasons, most of all because they want to be that size again, but also because if they do reach that size again they did not want to have to purchase new clothes.

> *I was talking to a friend this weekend and I said I think I have to join closets anonymous because there are all these different sizes in there and I can't part with the clothes...I can't part with all my professional larger sized clothes every time I lose weight because it gets expensive* (Session 8, T1S1 150 Linda).

Participants decided that probably the best solution would be to "get rid of the feel bad clothes" (Session 8, T1S1 258, Linda), those were the clothes that made them feel upset or negative about their bodies. They also decided to get rid of the clothes that they would probably never wear again, freeing up space in their closets for clothes that might help them to feel more positive about their bodies. The next part of the closet dilemma would be finding clothes that were acceptable and made them feel good about their bodies to fill the space.

When it comes to availability, participants were concerned about size, style, and comfort of clothing. I was unable to locate any research of the effects of clothing availability on body image discontent, however it was clear from the information provided by participants that it did have an effect. Participants stated that it was difficult to find clothes that were appropriate for their age, that suited their body type and they thought looked good on them, "trying to find clothes that fit your age bracket, it's very difficult" (Session 1, T1S1 062, Ruth). Participants talked about how their bodies had changed over time and how it was becoming more difficult to find clothes they thought looked attractive on them. "When you're younger you don't realize, you take a lot of it for granted, you don't think about your body image a lot" (Session 11, T1S1 169, Linda), "Because clothes fit you, it doesn't matter what you try on they always fit you" (Session 11, T1S1 169, Susan), "It's a totally different style, because if you look at me I don't have a waist anymore, you can't tuck things in because it's not attractive on you anymore" (Session 8, T1S1 363, Susan). Being unable to find acceptable clothes was a main reason participants stated as for dieting.

> *I want to get into clothes, I want to get into clothes that I think would really look attractive...half the time I go into a store I pick out my size and I can't get it over my boobs, the dress won't go over or the top won't go over, the buttons gape and all the rest of that stuff...how do things change so fast...I can't find clothes that I feel really comfortable in... I know that sounds really shallow...* (Session 7, T2S1 000, Mary)

Participants also stated that finding acceptable for clothing for children was also difficult,

> *I've found it's very difficult to find normal clothes for kids. Society or fashion designers have set up this image that kids should be in crop tops, pants half way down to the pubic area, but yet you try to find clothes and it's very difficult, I wouldn't want to be a parent right now. . .* (Session 2, T2S2 123, Ruth)

The plus size stores were a debate in each of the groups. Some of the participants really liked having the plus size stores because they felt it gave more options and fashionable clothing to people who fit in the larger sizes. Other participants felt the plus size store did a disservice to women because larger women are being singled out. The overall consensus was that stores it would be better if stores carried all sizes.

> *I see that society has labelled it, we have plus sizes. . . I think it is wonderful, where have they been up until all these years... But isn't it sad that they have to go on and tell you that we have a plus size store, why can't you just go into any store with your friend that's a size three and buy a size 16. That's what I'm saying... We've labelled it, so now we're saying we've made this for you and that for you . . .you don't say under size six, come here and get these things that are special. They are setting you apart. Then they are saying you have to shop here* (Session 1, T2S1 070, Julie).

There are both individual and societal factors that affected body image in relation to clothing. Individual factors included keeping clothes that no longer fit in their closets, and the choices they make about what clothes to wear. Societal factors included availability of acceptable clothes, societal expectations for type of clothes appropriate for body size, and segregation and labelling of clothing. Participants, as individuals with support from the group made decisions about what to do with their closets, choice of clothing, and avoidance activity. As a group, the participants had an opportunity to increase each others' awareness of some of the problems with the current clothing industry and talk about what they would like to see differently.

> *I don't think I have a healthy body image depending on what I am wearing, but depending on the clothes I am wearing I feel better about myself. The image of myself in my head depends on how I am dressed...it is all in how I am dressed.* (Session 12, T1S2 055, Sara)

Appearance Related Feedback

Participants talked about receiving comments about their weight and appearance both as children and as adults. As children, comments often came in the form of teasing, but as adults they tended to come in the form of direct or indirect comments about weight. In figure 5, appearance related feedback was described as both an individual and societal issues. The societal part is related to the fact that comments are made in the context of social norms. The current societal context conveys that it is in some way appropriate for individuals to make comments about weight, appearance or food choices to or about other people. The individual component is related to how individuals are able to respond to those comments.

Childhood Teasing

Participants talked about their experiences as children and the teasing they encountered about their appearance. Most of the participants were between 40-50 years of age, and could still clearly recall the specific incidents that they had experienced as children in relation to those comments. With a slightly younger population, Cash (1995) found that women 18-39 years of age could recall appearance related teasing and criticisms from their childhood (Cash, 1995). Comments participants received about weight and appearance as children were very direct and clear as to their intent.

> *I think things that people say to you when you're growing up* (affect your body image), *things like I have big feet, and I've often been teased about it and I laugh because it's no big deal, they are big...but it's always what I think, big feet* (Session2, T1S1 372, Jean).

> *Kids are very, very cruel, and being a chubby kid I put up with a lot of mental abuse. My self-esteem was the pits because I was bigger, considerably bigger than the average kid in class. I'm not necessarily talking about being fat but being taller, and when you grow up with that mental abuse about your size you don't think very well of yourself... People would say 'oh she's so big' and you don't have to hear that too often and you don't feel good* (Session 8, T1S2 072, Ruth).

> *I always felt growing up my body image was always negative because I was teased about it because I was a Tom-boy and because I was two-board and stuff like that, so I'm always very self-conscious, I never got past that* (Session 11, T2S1 107, Pauline).

Participants showed that childhood teasing still affected their body image even well into their adult years. Cash (1995) found that prevalent and distressing experiences in relation to teasing about appearance in childhood resulted in increased body image dissatisfaction with women in adulthood. The participant who talked about being teased and being called "two-board" later went on to have breast augmentation because of negative feelings about her body. Sarwer et al (2003) found women who sought breast augmentation reported a greater frequency of appearance related teasing during their adolescent years as compared with controls (Sarwer et al., 2003). Although as adults it is impossible to go back and erase the teasing that occurred during our childhood years. It was important for participants to recognize the lasting effect that teasing about appearance had on their body image. Through the discussions, the participants were made aware of issues, such as childhood teasing that they might want to address in the future so that the next generation does not experience that same negative feelings later in life that these women have experienced.

Comments as Adults

Participants talked about receiving direct and indirect comments about their weight and appearance as adults. As adults the comments seemed to be less direct, as opposed to childhood teasing, but they still had lasting impacts on body image. Participants also shared comments they received about food choices which they felt were really just indirect comments about their appearance. These comments came from both close family and friends as well as from strangers.

> *I've been buying groceries, when people come up to me who think they can tell me what I can and can't buy for groceries, now I find that really offensive. I remember once going to buy some candy and going to put it in my cart and then going to put it back and someone walking over and congratulating me* (Session 1, T1S2 448).

Other participants talked about being offered only 'a half piece of pie' while everyone else is offered whole pieces, and not being offered chocolates at trade shows. These comments were seen a suggestions about the portion sizes of food choices they should be making as a way to control their weight. These comments came from both family and strangers.

Participants also received comments when their weights changed. Even when these comments were intended as compliments, they often resulted in negative feelings about their bodies. Several participants indicated that receiving praise for weight loss was reinforcing the importance of being at a certain weight or size to be acceptable.

> *In January, I started working out and I went on a diet and I did lose quite a bit of weight, plus I had the surgery...when I started losing weight my clothes changed and it looked like I had lost a lot of weight...an older man I know, he said 'you look good are you losing weight?' and so he kept saying I like this twin better than the other one and I almost said to him 'what would happen if I ended up gaining the weight back, are you going to end up telling me you don't like me anymore, you just like the skinny twin?'* (Session 6, T1S2 668, Susan)

> *When I was younger I actually I lost weight...I went to the gym every day and so I lost...and I ran into this guy all of a sudden and he said 'wow you look good' and I thought 'was I ugly before?'...Inside, I responded by saying gees that means I looked like shit before...outside I would say 'thank-you' and sometimes I would ignore that...but your exuberance sort of made me feel ugly...* (Session 8, T1S1 557, Brenda)

Rather than feeling positively following these comments, it made participants fear returning to their old weight. "You think was there something wrong with me before, why am I so much better now than I was before…I am the same person" (Session 8, T1S1 606, Linda).

> *You're just afraid that you will end up failing and going back to you're old weight, you automatically think that if I gain weight again they are going to be disappointed in me, they are going to think I am ugly* (Session 8, T1S1 606, Susan).

The effect that appearance related feedback has on body image is based in societal expectations and ideals. Being told that you are fat would mean nothing without the societal value placed on it. However, because these comments are made in the context of a society that value thinness and beauty they do have a negative impact. When people comment about weight or appearance they may be unknowingly reinforcing societal ideals.

Personal Relationships

Personal relationships affected the body image of participants. The personal relationships that participants talked about having the greatest affect on their body image were the relationships they had with their families, particularly their mothers. As well, relationships with significant others also affected their body image.

Participants talked about how parents praised them for their beauty which made them feel good in the short-term, but made them question their value and worth to their parents if their appearance changed.

> *If your parents always said they thought you were beautiful and they were always saying things like that, that does help your body image, maybe it places a higher level...My parents always said nice things about me, but it makes you think that it's very important. So if I gain weight I'm not this to my mom. It goes both ways* (Session 2, T2S1 321, Sara).

Participants talked about how family and particularly mothers would often make direct comments about weight and appearance that people other than family would not be bold enough to say. Participants shared how comments about their weight from their parents had influenced them.

> *I'm going home to see my mother and I've hinted these last three months that I have put on weight since I saw her last year, because part of me is scared, can you believe that? I'm scared to see my mother because I don't want anybody to say to me, my God, you've put on weight* (Session2, T1S1 316, Ruth).

> *Dad would grab me with his hands and he would sing a polka 'She's too fat for me', and I remember this to this day, forty years later, taking it the wrong way, because I wasn't a fat little girl. And also I remember stepping on the scale, and it hit a hundred pounds and I remember saying I would never go over a hundred pounds. We were not even twelve yet, it was unrealistic. So of course, chances are we are going to go over a hundred pounds. Weight was an issue* (Session 3, T1S1 102, Betty).

Mothers' values and expectations about appearance were also important. These were usually communicated in less direct ways. However, importance that mothers' placed on their looks affected participants.

> *I remember her* (my mother) *going on a diet where she drank nothing but tomato juice for a whole week...she really rewarded me when I lost weight and she was so proud of me...I don't think that I even consciously knew it but in my subconscious I was probably pissed off, thinking value me for something more than the way I look* (Session 2, T1S1 220, Linda).

Participants talked about using weight and eating habits as a method of rebellion from parents that held a high value on appearance,

> *I went to weight watchers when I was in grade nine and took all my weight off and I kept it off until I was about 25 and I had a relapse. I realized that I had a relapse when I went home. I realized that it was tied into expectations from the people at home and I was a rebel. A lot of times it was like 'watch me eat'. That was a big realization for me* (Session 3, T1S1 220, Linda).

Other studies support the affects of mothers and fathers on the body image dissatisfaction of their adolescent and college aged children (Thompson et al., 1999; Thelen & Cormier, 1995; Rozin & Fallon A, 1988). However, there is limited research on the affects of mothers and fathers attitudes about weight and body image dissatisfaction children after the college years. From the experiences of participants, it appeared that their parents' attitudes regarding weight and appearance still were influencing their body image even later into adulthood.

Siblings also affected the body image of participants through teasing and comparison. Participants talked about comparing themselves and with their siblings. Participants shared about how being different from their siblings affected how they judged themselves and their bodies.

> *Everybody in my family is little except for me. And it's not to say I'm the hugest person in the world it's just that they're all considerably smaller than I am...I made a real effort to be a clown...I did it intentionally because there had to be something different about me other than this* (her body), *so I worked very hard at people liking me, and having lots of friends...I didn't mind it, I liked it because I*

> *became totally comfortable at it…Not to say this body image thing didn't have an affect on me, it had had an affect on me my entire life, being bigger than the rest of the people in my family* (Session 2, T2S1 110, Ruth) .

Participants were also starting to notice how their children compared themselves to one another and were having difficulties in knowing how to respond to that in a constructive way. "One is skinny and my five year old is chunky. Already they talk about that, 'and she says, Erin says I'm fat and she's skinnier'. You're five and nine and you know, so what do you do about it?" (Session 2, T2S1 127, Julie) The participants from the group were able to discuss ideas and come with a solution on how Julie might encourage positive body image in her children by acknowledging and being honest about differences in weight and appearance but focusing on celebrating their strength and abilities.

Relationships with significant others affected the body image of participants. Most of the participants were married, several of the participants were divorced or separated from their husbands, and a few participants were single. Participants shared how affairs, gifts and direct comments about weight and appearance affected their body image. One participant stated one of her main reasons for wanting to attend the group sessions was so that she could educate her husband about body image to try to get him to stop commenting on women's appearance,

> *The first person I want to start with is my husband. Educating my husband, he's number one ... My husband is always the first one, oh I saw so and so, is she ever fat. And then I saw oh, what's her name, is she ever fat. And I see these people, and I look, and I go she looks the same to me. I say to him okay, if you're saying*

> *all these friends of mine are fat, then you're saying I'm fat. Oh no, you're not fat, but they are. Everyone else is* (Session 1, T2S1 230, Lucy).

The women talked about receiving gifts from men such as lingerie and weight loss products that affected their body image. Women talked about the feeling of expectations of weight loss when received weight loss products or lingerie that was a few sizes too small.

> *Actually, my husband did* (buy me lingerie), *and I can't put it on, I have to squeeze into it...It hit a nerve, I gained an extra 20 lbs after that... It* (media) *has impact also on men which compounds our own issues when we see this because then our men says hey look honey maybe if I buy you this, maybe you will slim down into it... suck it in* (Session 1, T1S1 364, Brenda).

> *Someone once gave me you know those stretchy belts that you wear...as a present...that was a present...Wasn't a boyfriend very long...but you were supposed to wear this thing around to get rid of your stomach because it made you sweat or something* (Session 2, T1S2 021, Linda).

Several of the participants talked about their husbands having affairs affected how they felt about themselves. Several participants talked about the appearance of the women their husbands had affairs with, and how they felt that part of the problem that led to the affair was something with their own appearance.

> *When it's another woman, it doesn't matter. Even if you were perfect, it's me, there is something wrong with me. And you do take it personally. There must be something wrong with me. Why would they go to someone else? Is it physical,*

> *my personality, it is me, so I did something wrong. Not dressing right or something* (Session 2, T2S1 345, Lucy).

Personal relationships played a significant role in forming the body image of the participants. This is consistent with previous studies that have shown that significant others can influence women's body image through comments and perceived expectations (Paquette & Raine, in press). Societal ideals of beauty often become the ideals of individuals. Through personal relationships, societal ideals of beauty are conveyed through personal values, expectations and direct comments. This negatively affects the body image of participants when people they care about express value and importance on beauty ideals and they are not able to live up to them.

Personal Health Practices

> *The image of a very beautiful slim healthy looking body could be actually someone who hadn't eaten for a week just for the photo shot. I think the focus really needs to be on health as opposed to the picture of health* (Session 2, T1S1 505 Brenda).

The participants identified several ways that their body image had been affected while trying to improve personal health practices. Participants mentioned several issues related to physicians and their response to weight related concerns. They shared how physicians had made inappropriate and unconstructive recommendations related to weight loss, inappropriate direct comments about their weight and appearance and the resulting fear and avoidance of going to the doctor.

Physicians are likely the first health professional, and often the last, to talk with patients about weight related concerns. Several participants had experienced physicians giving them inappropriate and unconstructive weight loss recommendations. From the experiences of these participants it would appear that some physicians are unaware of appropriate recommendations and referrals for weight loss concerns. Here is one participant's experience,

> *He said ultimately you've got severe arthritis in all the joints of your knee, and the bottom line is you have to lose weight...I asked the question and how do you propose that I do that, and he said stop eating carbohydrates and sugars and I thought I might as well curl up in hole and die right now... but that was his bottom line, lose weight...he didn't say exercise* (Session 7, T2S1 410, Ruth).

> *I went to my doctor yesterday, and I'm on different kinds of medications and I told him that I'm am just so disgusted with myself I've gained so much weight and I'm eating even though I'm not hungry, and he told me that two of the medications that I'm on make you eat like that...so I said what can I do, so he wrote me out a prescription that said, eat 10 celery sticks, eat five carrots...and he put it on a prescription pad...* (Session 10, T2S1 100, Pauline)

Participants also talked about experiences where they felt that doctor's were talking down to them or insulting them about their weight or appearance. From the quote below it is clear that these physicians lacked the skill of talking with their patients respectfully and sensitively and about their weight related on concerns.

> *When a doctor puts you down because of a number on a scale the tendency is to go right out and eat, because you are ticked off and you are eating from an emotional perspective. It's like you are almost like you are a second class citizen because you are not sitting on that scale properly* (Session 7, T2S1 107, Ruth).

> *I had a comment from a female doctor…I was asking her some questions and she said 'someone like yourself, you're a very heavily breasted woman and you have coarse hair' and I walked out of that appointment feeling so jangled* (Session 5, T1S1 030 Mary).

It was clear from the experiences shared by the participants that some medical professionals are lacking the skills to adequately and appropriately address body image and weight related concerns of patients. When services and information are unavailable to women that support positive body image, such as appropriate counselling from physicians on healthy weights and access to accurate and reliable nutrition information, the body image of women can be negatively impacted.

Body image is also influenced by weight fluctuations. During the sessions the participants shared about situations when their weights changed significantly. Participants experienced large fluctuations in their weight during marriage break-downs and dieting experiences. With marriage break-downs the some participants experienced weight gain while other experienced weight loss.

> *I thought of a couple of significant times when I did have drastic changes in my weight and one was, was right after my marriage broke-up, right out of left field after 24 years and I just couldn't eat anything, anything I ate tasted like cardboard…it was the only good thing about him leaving…I was having a lot of health problems* (Session 3, T1S1 320, Pauline).

> *The only reason I ever put on weight was because I ate the wrong things or didn't exercise. Or it was emotional, like when I found out about my husband* (having an

> affair) *and I had to eat chocolate everyday, and yeah it's my fault it's totally my fault. When I look at somebody else I think it must be their fault too* (Session 8, T1S1 236, Sara).

Participants' beliefs about the ease of changing weight can also affect body image. Individuals that believe weight loss is easy to achieve tend to feel more negatively about their weight. Participants generally believed that if they were taking care of themselves, through physical activity and eating healthy, their weight would tend towards the normal range. What the participants considered to be a normal weight range was likely more than the body mass index would indicate. Participants recognised that for some individuals fitting within the normal range based on BMI might be an unrealistic expectation.

> *If I at this point I chose to be healthier in every way. I suspect that I would lose weight, but I don't suspect that I would ever be on the metropolitan charts*[b] *...It's not realistic for my frame and culture* (Session 7, T2S1 202, Betty).

Summary

As expected the body image of participants was affected by media, weight stigmatization, ageism, clothing and fashion, personal relationships and personal health practices. Recognising the factors that influenced their body image and understanding how those factors had personally affected them helped participants to determine areas where they were lacking knowledge or felt helpless.

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[b] Metropolitan charts were previously used to determine healthy weight ranges for individuals. They are no longer a standard reference. Body Mass Index is the current index used to determine healthy weight ranges.

We are Not Alone in Our Body Image Experiences

Participants found that through the process of talking with other women and sharing experiences they became more aware that body image discontent is not solely an individual issue but a societal issue. Participants realized that other women were experiencing similar feelings of body image discontent and had had similar experiences that led them to those feelings. Participants realized that other people felt the same way that they did and they were not alone in their feelings about their body and their concerns about the societal impact on body image.

> *I was so surprised when I came in and looked at everybody and I thought why are you guys here, and yet you hear everybody has issues and not just assume what they are like just because of their outward appearance* (Session 9, T1S2 605, Susan).

> *You know this group has really made me think that everyone that you look at on the street, or in the food courts, that all women must have issues that bother them. Even though they act like they don't and you think they have the whole world, they've got everything. I never really realized that before, you just figured there was a few, but look we all feel the same* (Session 11, T2S1 685, Susan).

Participants talked about how body image and issues related to body image were difficult to bring up in normal discussion. Participating in this group gave the participants a way to bring up body image related issues with their families, friends and co-workers. They found that not only did the women in the group understand and relate to their perspectives so did other women that they might not have expected would, "When I opened up to my co-worker, a phenomenally attractive woman, finding out she struggles with her body, that gets me thinking" (Session 11, T2S1 695, Linda).

> *Linda: I must say that when I leave these groups I want to tell as many people as I can, the positive things that have come up. I want to share the things that have helped me* (Session 6, T2S1 180).
>
> *Susan: Exactly, because you can talk about it the next day with your co-workers or your spouse or whatever and it's okay because you can say this is what we talked about, and then you can tell them. It's okay because of that, but I don't think any other time you talk about it like that. How would you bring it up?* (Session 6, T2S1 200)

By participating in the group sessions that participants recognised they were not alone in their body image experiences. First they recognised that the other participants in the group had similar to themselves. This, as well as the group involvement, helped the participants to talk about body image concerns with friends, family members and co-workers. In talking with those people they recognised that women and men outside the group were also struggling with body image discontent. Knowing that others people are struggling with body image helped to motivate and provide confidence for the participants to make changes to factors that influence body image.

Sense of Helplessness & Lack of Knowledge

In the beginning of the sessions the participants presented with a sense of helplessness regarding the factors that affected their body image. They also were lacking knowledge to address those concerns. Participants indicated they felt helpless against the media. As well, the participants indicated an inability to respond to comments about weight or appearance. They indicated wanted to increase their knowledge on healthy personal practices such as information on healthy eating and physical activity and responding to health professionals.

Advertising & Media

The sense of helplessness presented by participants was most distinct in relation to the media and advertising. Participants were concerned about not knowing how to communicate with advertisers, "We're not in advertising so how are we going to communicate to the women in advertising and the men in advertising" (Session 1, T1S1 527, Linda). Participants demonstrated a sense of helplessness after viewing certain advertisements,

> *Well you know when I end up looking at something like that it makes me feel like what is the point. Why is my husband going to look at me when there is somebody out there that looks like that, so you don't feel good about yourself at all* (Session 1, T1S1 200, Susan).

The participants started with varied levels of media literacy and awareness. Some participants lacked awareness of the sensitization they were experiencing to advertising that negatively influenced body image.

> *I was saying that you see so many pictures like that, you don't even think about it, so hopefully I am not thinking about it instead of going, there's another one. You get used to it. I don't know if that's good or bad* (Session 1, T1S1 147 Debra).

Participants thought awareness and media literacy would in part prevent some of the effects of advertising on their body image. "I think if we're aware that it's (media) totally unacceptable and dishonest, as long as we're aware of that we won't get sucked in" (Session 9, T1S1 630, Susan). Several participants also had an inaccurate sense of the process of how advertisements are developed. They thought that all advertisements were focus tested and need to be approved before they were aired on television, radio or in print. We discussed how this was not the case. Participants talked about being hesitant to complain in the past because they thought that certain standards needed to be met before they advertisements were aired. Participants also lacked knowledge regarding media activism and how to complain or comment about advertising in and effective way. Increasing awareness about advertising, increasing knowledge about the process of the development advertisement, providing opportunities for media activism and critical analysis of advertisements were identified as areas the participants wanted to increase skill and knowledge. Participants also mentioned a lack of confidence as a barrier for being involved in media activism. "I don't think I could write a letter to the editor on body image. I don't have enough confidence to do that. So that's something I wouldn't do, maybe after these sessions but at this point no" (Session 4, T1S2 138, Betty).

Personal Health Practices

In relation to personal health practices, participants indicated that they wanted to increase their knowledge about healthy eating, as well as their ability to assess their own eating habits. Participants also wanted an opportunity to voice their frustrations about being active and not experiencing weight changes. They wanted an opportunity to talk about the benefits of physical activity in the absence of changes of weight.

Participants shared experiences regarding times they had tried to make changes to improve their eating habits in the past but were lacking some of the skills and knowledge necessary to make those changes. One of the problems that participants were experiencing when trying to adopt healthy eating practices included all or nothing thinking, "I decided to start eating properly, so purged the whole house of all the temptations, but of course I have to purge it by eating it" (Session 7, T1S2 430, Pauline). Several participants talked about being brought up to finish what was on their plate and how they have a difficult time to stop eating when they are full, if food remains on their plate.

> *We had to sit there and finish the plate, and they put the amount on our plate they thought we should have, and to this day, if I take it I have to clean it. If I took too much it would be hard for me to throw away want I don't want* (Session 9, T1S2 397, Lucy).

In an effort to make healthy changes to her eating habits one participant had tried to access to appropriate nutrition information from a dietitian. She wanted to see a dietitian about her weight, however, was initially denied service because she did not have a medical condition. Participants wanted to know where to find accurate nutrition information other than through clinical nutrition services or figure how to make access to the services of a dietitian more available.

> *I argued that I didn't want to get a medical condition which is why I wanted to see a nutritionist. Even if there was a group where you could go and get support*

> *and accurate information, I couldn't even find something like that...and I got one hour and I asked if there was someone she could refer me to* (Session 8, T2S1 353, Linda).

Participants also struggled with the decision to diet or not. The environment is such that participants are regularly encouraged by family and friends to go on diets. "I look around at my co-workers and one's on Herbal Life®, one's on Weight Watchers®, one's been to T.O.P.S.® you know everybody is trying them" (Session 6, T1S2 290, Pauline). Participants wanted to gain an understanding of the possible effects of these diets on their health and build skills to respond to individuals when they suggest a diet they think they should try.

Participants recognised the benefit of physical activity and most of the participants considered themselves physically fit. They stated going the gym on a regular basis and participating in activities such as weight lifting, yoga, walking, and aerobics. One area of frustration for participants was that even though they are regularly active they continued to be overweight and experienced very few weight changes. "I'm overweight but I'm fit I work out all the time because it's like drugs for me it makes me mentally okay…It's actually really bad, I work out and work out and everybody else is really trim" (Session 10, T1S1 211, Linda).

> *I find it really frustrating, and I know you're not supposed to worry about weight when you're exercising because muscle weighs more than fat, but it just doesn't feel like the clothes ever change, you know the way they fit. But I know I have better stamina and it's a great stress reliever. If I've had a bad week and I don't*

> *exercise I pay for it, because it does help and I've got to do it more often, it does relieve a whole lot of stress* (Session 10, T1S1, 220 Susan).

Participants wanted to have the opportunity to talk about those frustrations and also to talk about the benefits of physical activity outside of weight loss. They needed to look at what else motivates them to be active and if their weight does not change. Participants talked about enjoyment, stress relief, fitness, socialization, a time for a break from children, sense of power and control, as well as the opportunity to be outside as reasons other than weight loss for participating in physical activity.

> *I don't want to be a size 10. I want to be able to hike up a mountain without breathing really heavy* (Session 7, T1S1 121, Betty).

Appearance Related Feedback

Participants identified difficulties in responding to weight and appearance related comments. Participants stated that when they received comments about their weight or appearance, whether they were intended as compliments or insults, they had difficulties responding to them.

> *When I was diagnosed with diabetes I bought a little trampoline bouncer and I've lost 20 pounds…the first thing a friend of mine said was 'look at her she's lost weight'…that doesn't change who I am… I was so stupefied I had so many emotions… and I was quiet for the whole evening because I did not know what to say or how to react to that…It was not good* (Session 1, T1S2 448, Brenda).

They also had difficult dealing with family members regarding expectations about weight.

> *I'm definitely old enough I shouldn't have my mothers ideas, and I've told you before my mother's a wonderful person but a big part of being a success was being thin and that's hard thing... I have this fantasy of this conversation* (with my mother*) and it goes something along the lines of, 'what if it was okay for me to be this weight for the rest of my life, this might be who I am', but it's a hard one to bring up, but I think it would be a good one* (Session 6, T1S1 520, Linda).

To help participants address their desire to learn how to respond to weight related comments and expectations the participants spent two sessions learning assertive communication skills.

Summary

The main areas the participants identified as wanting increase knowledge and skills in were in media literacy, media activism, responding to comments about weight and appearance and information on healthy eating.

Developing Skills and Increasing Knowledge

Based on the areas identified by participants as requiring knowledge and skill development, the facilitator planned activities within the group to increase knowledge and develop skills of the participants. To address participant concerns regarding responding to comments about weight and appearance, participants spent time in the group sessions learning assertive communication skills. These were also seen as helpful in addressing media. As well, media literacy skills were developed. Participants were provided information about healthy eating and the health risks of dieting, as well, participants developed skills to assess their eating habits.

Assertion

The link between assertion and body image is indirect. Assertion was included in the intervention so that the participants would develop skills to respond to factors they felt were negatively influencing their body image. In particular, responding to weight related comments or expectations was the skill participants focused on. Assertive communication skills are also a way to increase participant's emotional expression. Lower levels of emotional expression have been linked to greater body dissatisfaction (Hayaki et al., 2002). As well, assertive communication skills are useful in action towards social change. Developing assertion skills helped participants to improve their body image though changed responses to factors that negatively affect their body image, and in doing so reduced the negative influences and reduced the subsequent exposure to those factors.

Developing assertive communication skills was a main focus for at least two sessions with each group. Participants used examples of comments that negatively affected their body image and practiced responding to them in an assertive way. Some of the barriers to assertion the participants mentioned included fear of being labelled as aggressive or rude. "It's not viewed as an attractive quality and you get the label of being a bitch. Sometimes assertion is associated with pushy bitch, we're nice, we want to be nice girls" (Session 5, T1S1 290, Linda). Participants also felt that their current body image would influence their ability to be assertive. "I think part of how we see ourselves is how we come across and how we handle situations" (Session 5, T2S1 140, Mary), "I think having a positive body image would lead to assertion because you would feel better about yourself and express yourself better" (Sessioin 6, T1S1 050, Emily).

> *Sometimes it has to do with self-esteem...like I can be assertive in a lot of different areas in my life but if I don't truly believe that it's okay to be the size that I am then I will never be able to feel that I can be assertive in that area* (Session 5, T1S2 100, Sheila).

Participants had reasons, other than improving body image that motivated them to want to develop assertion skills. Participants talked about wanting to be able to talk to their bosses about workload or vacations, and being able to say to no requests from friends without lying or having to excessively explain themselves.

Media Literacy

Several group sessions were focused on increasing the media literacy and activism of participants. The purpose of increasing media literacy was to increase the critical thinking skills of the participants regarding media. This has been suggested as an initial step in protecting women from the detrimental effects of media (Irving & Berel, 2001). To increase the media literacy in the first session participants participated in a puzzle activity where they asked to describe what an advertisement was portraying. In the third session the participants watched the *Slim Hopes* video (Kilbourne, 1995) and discussed the ideas presented in the video. The fourth session focused on media activism and how the participants could impact the media.

Throughout the group sessions participants analysed media and advertising. Even during the first session participants were able to pick out those advertisements that had a positive impact on their body image and those that made them feel more negatively about their bodies. Participants thought the following advertisements were positive.

> *I saw and ad in the new Chatelaine from Ikea and they have this older lady sitting in the lawn chair nude and I thought that's me, that's what I look like, I don't know the message but I thought it was great* (Session 1, T1S1 073, Jean).

> *Guess what I saw this week, I got a copy of Chatelaine, there was style for real women. The model was sitting down and she had a roll and they showed a larger lady in underwear. All different kinds of women, but these would be women who would be buying in the larger sizes and I thought wow, this is overdue... It was model that was sitting down and you could see that she actually had a tummy and I related to that. I mean I've got a roll here and a roll here, and I thought that's a real person* (Session 5, T1S2 066, Mary).

Advertising that negatively affected the body image of participants included those advertisements that used of very thin models in advertising, and advertisements that overly sexualized women. The participants also talked about women geared at women "insulting their dignity", such as ads for feminine hygiene products. An example of an advertisement that the participants found that devalued women was an advertisement for The Bay. The advertisement featured a women rushing around getting her house ready for Christmas, as she was thinking about all the things she needed. Bubbles were popping up with picture of the things that she needed, in one bubble was a thin woman in lingerie.

The participants were upset that the ad did not show the original woman in lingerie, rather it showed a younger, much thinner woman in the bubble. This was the conversation that resulted,

> *Linda: It devalues the real woman, it devalues the women who is the mother who is making sure than Christmas is happening (Session 10, T1S2 000)*
>
> *Susan: She's a good person because she is doing all this stuff for her family and the you look at the skinny one and,*
>
> *Linda: She's not quite enough. If she were this, she would be perfect...if she were really perfect she would be able to wear lingerie.*

Another ad the participants thought devalued women was a Hallmark ad,

> *There's that Johnny one with the kiss...if they would have stopped at the first one it would have been a brilliant commercial but they went on to the second girl...the first girl had brown hair and was chubby and a normal little girl, then he goes on to the blond thin girl...I thought her started with the less valuable girl ad moved to the more valuable girl once it worked for him* (Session 10, T1S1 120, Linda).

Following the discussion on media literacy, the participants had developed skills to identify advertisements that negatively affected body image and articulate exactly what about those advertisements were perpetuating societal ideals and norms. Participants also became more aware of how media images of thin ideals influenced how they saw and judged other women regarding weight and appearance.

> *I flipped through the whole magazine and they were all young and rail thin. There was one ad, it was for a triathlon, so it showed a cross section, they were just getting ready to take off swimming,* (and) *so it was a whole lot of women...I*

> *thought they've all got fat thighs. But that was after I had gone through the magazine, we had the class, I went home and flipped through the magazine, and I saw things differently* (Session 3, T1S1 516, Lucy).

After watching the video participants talked about the things they were now able to identify in advertising that they had not noticed before.

> *One thing that I never really thought of before was that in children's advertising...little girls were always portrayed as shy, with heads down, I had never noticed that children were being shown as distorted* (Sesssion 4, T1S1 330, Sara).

Participants expressed how the combination of the video and group discussion increased their media awareness and literacy. When participants reflected back on their experiences in the group during later sessions, increasing media awareness was something participants mentioned as changing the way they think. "I think it's interesting how this whole thing has opened my mind" (Session 7, T1S1 314, Ruth). "I think for me it was the awareness, I think I got so used to not thinking about it and just accepting it and now I think I'm a lot more aware" (Session 12, Pauline). "I think that video made me more aware, more aware of a lot of stuff. I look at stuff much differently now" (Session 12, Sara). Overall, increasing media literacy resulted in participants being more aware of media and the effect it was having on them. They were able to recognise media that positively and negatively affected their body image, and articulate their concerns. Once they were comfortable with analyzing and critiquing media the participants were able to move forward and think about how and why they wanted to impact the media.

Healthy Personal Practices

Food choices are personal experiences that occur in the context of societal expectations of thinness. Within that context dieting and restrictive eating are not outside norm. These choices significantly impacted the health and quality of life of the participants. To address dieting experiences and experience with weight loss products the participants shared their experiences. "We shared each others life experiences" (Session 12, T1S2 237, Pauline), "I tried this diet and this diet and not a single one of us had a positive experience" (Session 12, T1S2 237, Linda). Information was provided by the facilitator regarding physiological explanations on why the dieting experiences they shared would be expected. The combination of sharing experiences and increased knowledge helped the participants to make decisions about future dieting. The next important step was helping participants to replace those dieting behaviours with healthy eating. Most of the participants expressed a minimal understanding of what healthy eating might look like. Helping the participants to learn how to assess their eating habits and providing information on general healthy eating provided participants with the knowledge required to replace dieting behaviours with improved eating habits.

> *I can tell you I'm not going to go on any crazy diets anymore, even though I had heard that anything you lose you are going to gain back even more, I didn't understand. I just thought that that was what happened to them, it won't happen to me, but now I know. I am not going to play around with that anymore. I am going to exercise and eat healthy to lose weight rather than going on a fad diet* (Session 8, T1S1 000, Susan).

Summary

Throughout the group sessions participants developed skills in assertive communication, media literacy, and learned about healthy eating and the risks of dieting. Media literacy reduced body image discontent through increasing critical thinking about media and helping participants to question societal ideals. Assertion skills helped participants to improve interpersonal communication skills and express emotions.

Addressing Issues and Experiencing Success

Participants chose to use newly developed skills to address certain factors that were negatively influencing body image. Several participants used assertion skills in personal relationships, while others used media literacy and activism skills to impact media exposures.

Using Assertion in Personal Relationships

Over two to three sessions participants developed assertion skills. Several of the participants shared how they used their assertion skills to express emotions in response to comments made by their husbands.

> *I've obviously been asserting myself around the house because I was leaving today and my husband with a big grin on his face said, now don't take this too seriously...he said something and I said, 'I think we really need to sit down, I think you really need to know how I felt about that, and I think it was inappropriate and it offended me and I don't want to hear it again'...he said 'you're right' and it felt good* (Session 6, T1S1 186, Mary).

> *He made some comment and I said 'I think that's totally unacceptable and I'm not going to let you talk to me like that' and he came back with 'are you learning that at group?' I kind of looked at him and said 'yeah', but you know he called me...he's calling me 'chunky butt' and I said 'I don't like that'* (Session 10, T2S1 120, Susan).

Another participant talked about experiences dating when she met a man and the way he looked and treated her made her feel negatively about her body. She shared how she dealt with a situation.

> *This has already effected me, I went out with a guy for coffee last night...guys my age are concerned about the way people look...I can see the look, anyways instead of feeling badly about my size, I wrote an e-mail saying 'there is more to me than my size and have a nice life'...I thought I'm ending this, because I don't like how you looked at me* (Session 11, T2S2 268, Betty).

Participants also reflected on how they have changed how they talk with their children and the people in their lives. Participants talked about putting more value on the person than their appearance by choosing more carefully what they say to people in their lives.

> *I'm very careful what I say to my daughters and to anybody, I say 'it's good to see you' and I make a conscious effort to say 'I'm glad to see you' rather than 'I love your hair' and then the conversation will get around to whatever we talk about* (Session 12, Jean).

Media Action & Activism

Through the course of the group sessions the participants increased their ability to critically analyse and comment on media. After increasing their awareness of the effects of media on themselves and their families, participants were able to articulate why they wanted to influence the media. The reasons that the participants wanted to influence the media included concern about their own body image, "I want to quit feeling bad about myself" (Session 4, T1S2 138, Betty), but also concern about the effect of the media on their children.

> *The first one* (reason for wanting to influence the media) *is because of my daughter. I don't want her to obsess about herself. I don't want her to think that she has to be thin, or that she has to wear this color nail polish or perfume to be a woman, and then of course for my son. All these boys are growing up in the mass media, where it is more sexualized...and I don't want him thinking even more so that women are objects...Also, for my own peace of mind, because you shouldn't have to always have conflicting messages in your head. You shouldn't always have to say that's not a normal girl she's been airbrushed* (Session 4, T1S2 078, Sara).

Participants came up with various solutions for dealing with their own media exposure. For some participants responding to media meant just thinking about it and being aware of how it affected them, for others in was taking action to change their exposures.

> *There are some television shows that I used to watch, but now I am more aware. For example Howard Stern sometimes has good interviews with celebrities and I*

> *enjoy that, but other times it's stupid because I feel like he's putting down women and people who are mentally challenged...It makes me go 'oh gross', where as before it was 'oh well'* (Session 12, Lucy).

To deal with the influence of media on her children, Sara was considering not letting children watch TV anymore. Participants thought that children should be taught media literacy skills during childhood. One participant thought that having body image education and media literacy taught within the schools was so important that she might base her decision on what school to enrol her children in based on that.

Throughout the course of the group sessions the participants engaged various in activities in efforts to influence media. The Red Deer group worked together to write a letter to *Shape* magazine regarding their use of ultra thin models (appendix L). Participants from the Edmonton group did various activities on their own such as, having a movie posters taken down. *Shallow Hal,* a movie starring Gwenyth Paltrow came out during the sessions with the Edmonton group. Much discussion revolved around this movie. One participant was upset about the movie posters that were hanging in her gym. She felt that it had weightist connotations and wanted it removed. This participant was able to use a combination of the assertion skills and knowledge about weight stigmatization to effectively have the movie poster removed from her gym.

> *I already told everybody that I got the poster taken down at the gym. Yeah, I'm very proud of myself. I had to phone three times and finally I had to phone the manager in Calgary. First I had to get through the receptionist and I said do you need me to explain why they are offensive and I did. Then the manager didn't want to hear why they were offensive, so I asked for the manager above him...I*

started with, if it's a club promoting health why are those posters up, and I did actually threaten I used us, I said I'm part of a body image group and I said I'm not the only one that is offended by the promotion and she said part of what? But then the person is Calgary did agree that the posters would be taken down (Session 7, Linda).

Summary

Throughout the sessions participants used the skills and knowledge developed within the group sessions to express emotions within personal relationships and be involved in media activism. Participants demonstrated that they were able to use assertion skills to more effectively communicate their emotions to significant others when they made comments that negatively affected their body image. Participants were also able to make small changes in the media affecting them within the twelve weeks. Although these changes were small the participants did develop skills and experience successes in making changes that would make it possible for them to continue being media activists in the future.

Increased Confidence and Reduced Helplessness

"I think a lot of times the feelings of support from the group was a real confidence booster, my confidence just grew, even outside of the group I felt confident saying anything" (Session 12, T1S2 271, Linda)

At the beginning of the group sessions, as mentioned earlier, the participants experienced a sense of helplessness and lack of knowledge regarding body image issues that affected them such as media and responding to appearance related feedback. Near the end of the session the participants talked about how that sense of helplessness was reduced, "The helplessness is gone in a lot of areas, where I used to look at bad ads and think there is nothing I can do about it and I just have to put up with it" (Session 12, Linda). By the end of the sessions the participants had developed the skills, knowledge and confidence to address those issues they felt helpless against at the beginning of the program.

> *I have conversations with people about body image and about dieting, with conviction and confidence that I never had before...somebody said have you ever tried the carbohydrate addicts diet and I speak with conviction about never going on another diet in my life and this is why I'm not going on one, I don't have ever hesitation to say, 'no I haven't and no I don't want to'* (Session 12, T1S1 210, Linda).

Empowerment

One of the philosophies that guided this intervention was to use an empowerment education approach in addressing the issues of body image. In reference to the key principles of Freire (Table 1), this intervention was designed to liberate participants of the current societal ideals surrounding appearance and help them to become critical, creative, free, active and responsible members of society (Kiser et al., 1995). This occurred through genuine dialogue, identification of issues that participants felt strongly about, searching for solutions, participants taking action on issues and reflecting on those experiences. Genuine dialogue did occur within the group sessions as participants shared their experiences around each of the issues discussed. "We shared each others' life experiences" (Session 12, T1S2 237, Pauline), "I tried this diet and this diet and not a single one of us had a positive experience" (Session 12, T1S2 237, Linda). Most of the learning within the group environment occurred from the sharing of experiences and discussion of solutions. Participants identified and acted on issues they felt strongly about, as demonstrated in the previous section with participants writing letters, talking to people about media, and talking with their husbands about their concerns regarding appearance related feedback. Within the group sessions participants searched for solutions to problems related to body image, they worked together until they found solutions they felt comfortable with. One participant described how this process of searching for solutions was empowering,

> *When I talk about this group I say empowering, very empowering...because we are talking about these things and we're giving each other advice, back and forth until we figure out what a good way to deal with something, to keep that up is going to be a good way to increase our power, to find people we can talk these issues over with* (Session 9, T1S2 340, Linda).

Participants reflected on experiences in talking about body image with people they would not normally feel comfortable talking with,

> *I talked about this* (the body image group) *to two women at work that I've always felt intimidated by and I felt empowered, and I also got a lot of respect from them because they knew where I was coming from and it just felt really, really good to do that* (Session 9, T1S2 580, Linda).

Not through one specific event or activity did participants experience empowerment, but through the whole process of change participants were able to increase mastery over their lives.

Social Changes

The purpose of the social change component of the intervention was to develop a network of women interested the cultural, structural or other conditions that enhance women's vulnerability to body image discontent and to assist those women in developing skills that help in efforts for social change. Although the intervention was only 12 weeks in length, not long enough to make any significant macro-level changes in the global social environment, the participants did experience some changes that were significant in their personal social environments. Participants talked about how the support of group affected their ability to make changes in their immediate environment. Participants talked about how prior to attending the group sessions they felt they were being oversensitive or maybe their feelings were wrong about societal ideals. These feelings had prevented them from taking action on factors that negatively affected their body image. Having other women to talk about and validate there concerns made it possible for them to move forward to affect change. In the following quote Linda is talking about have the *Shallow Hal* posters removed from her gym,

> *I wouldn't have done that if I wasn't coming here, if I hadn't talked about the issues and wasn't aware of the issues. I knew I had other women who had heard the issues and I knew that I would feel supported, so that was the big thing* (Session 10, T1S2 200, Linda).

Participants also shared how they had changed their personal social environments through changing the way they communicate about weight and appearance related concerns with their significant others and children. They also had increased assertion skills and confidence and were able to request that their significant others change the way they communicate to them about weight and appearance as well. These changes significantly affected the social environment of the participants in a way that promoted improvements in body image.

Although limited macro-level social changes occurred over the course of the group sessions, the participants did develop a network of women who they felt they could contact to address body image in the future. As well they developed assertion skills and a greater understanding of how body image issues are grounded in societal norms as well as individual differences. Finally, the participants recognised that they were not the only women experiencing the effects of body image discontent in their lives and that it was as issue worth addressing. If significant changes to the larger social environment were to occur, the formal group would have needed to run for a longer period of time or the network would have needed to be sustained following the completion of the group.

Body Image Changes

"I learned that body image is whole lot of things, it's not just what you wear or what shape you body is, it's what you are inside" (Session 12, T1S1 165, Brenda)

Body image is a multidimensional construct that can be measured in a variety of ways. Through analysis of the quantitative data, from pre-intervention, post-intervention and six months post-intervention, significant improvements in several body image constructs were demonstrated. These included appearance evaluation, body area satisfaction, body weight satisfaction, public self-consciousness, and ability to assess body shape accurately. In addition there were insignificant trends towards decreases in overweight preoccupation and discrepancy between ideal and current body shape, as well as insignificant increases in mastery and self-esteem. The qualitative data also suggested positive body image changes through reductions in dieting behaviours and increased comforts with the signs of aging.

In the beginning of the sessions participants were asked about why they wanted to attend the body image group. Participants mentioned that they wanted to improve their health, they wanted to stop dieting, and they wanted to feel better about themselves as they age, they wanted to learn and share with other women, and they wanted to feel better about their bodies.

Dieting behaviours are connected to body weight dissatisfaction, discrepancy between current and ideal and overweight preoccupation. Dieting was one area participants were very interested in addressing within the sessions. Throughout the sessions participants never lost their interest in weight loss completely. However, they were no longer willing to compromise their health to do so. Participants stated more concern over their health, than their weight and a reduction in dieting behaviours by the end of the sessions. "This has changed my attitude a lot in how I am going to approach this (dieting) and how important healthy is going to become to me" (Session 8, T1S2 000, Linda). "This taught me to start looking at ways to accept myself as I am, if I am going to lose weight it is going to be for the right reasons, health, not because I think I should" (Session 12, T1S1 479, Betty).

> *I have a firm conviction that I know I'm not happy with where I am right now for health reasons, beyond the image reasons. I think I am going to make my new year's resolution not to go on a diet, not to lose a whole bunch of weight, but to take on a healthier lifestyle. I think that's a switch from I want to lose weight, to I want to be healthy* (Session 12, T1S1 190, Pauline).

Participants demonstrated that, through the course of the group sessions, they were starting to feel better about several appearance related factors. One participant shared how she was considering going back to her natural hair colour, "I went to the hairdresser about a week ago and asked how hard is it to grow back out…so the fact that I'm even thinking of going back to grey hair makes me think I must have come to some sort of peace with where I am" (Session 11, T2S1 304, Pauline).

Participants did not share directly within the group how their feelings about their bodies were changing. Participants did talk in general about the changes they were noticing with themselves and the other participants. "At the beginning I didn't feel very good coming here tonight, but I feel better it's nice to share because I haven't told very many people…hopefully every night that we have these sessions maybe I will feel better" (Session 2, T1S2 240, Susan), "I just love coming here, I can see people changing as the weeks go, I don't know if I am, but I do see changes and positive ones" (Session 6, T2S1 340, Jean). In last session we talked about whether the body image program met the expectations of participants, this was the response of one participant,

> *I think it changed my perspective enough that they* (her expectations) *were not met, they are better than they were because it totally changed the way that I looked at body image. It was like I was wrong, I had a bad body image and I was*

wrong and that's not how I think anymore...I never really thought I was going to come here and change the way I thought about myself (Session 12, T1S1 271, Linda).

Both the quantitative and the qualitative data suggest that there were improvements in the body image of the participants. The qualitative data were able to add to the quantitative data through describing the changes the participants were experiences in relation to dieting behaviours and health, comfort with aging and perspectives on body image. Certainly participants still could improve their body image further. One participant left with this as her new year's resolution, "I think this year, I'm going to learn to love my body" (Session 12, T1S1 190, Linda).

CHAPTER EIGHT

Conclusions & Recommendations

Synthesis of Findings

During this study a 12-week body image intervention that combined individual and social changes was developed and evaluated. There were three methods used to evaluate the intervention: (1) quantitative impact analysis, (2) qualitative case comparison, and (3) qualitative interpretation of the process of body image change for theory development.

The quantitative findings demonstrated that a 12-week body image intervention that combined activities that focus on social change, improving interpersonal functioning, and individual change significantly improved the body image of participants. Improvements were demonstrated in the body image constructs of appearance evaluation, body area satisfaction and satisfaction with body weight, public self-consciousness, and ability to assess body shape accurately. As well, the participants were significantly more active in community life following the intervention.

The most significant improvements in body image constructs occurred over the long term evaluation, from baseline to post two. This is a significant finding in itself as with many interventions the change becomes less significant over the longer term. The continued improvements in body image over the longer term, in this study, may have been due to the fact that the participants developed skills and knowledge to change or respond to societal ideals. Limited qualitative data suggested that some participants remained involved in various activities to improve body image following the completion of the group sessions, which likely contributed to improvements in body image constructs post intervention.

Qualitative findings supported the quantitative findings that showed improvements in various body image constructs. Some of the additional findings the qualitative data suggested were that through the course the intervention participants became more concerned about their health rather than weight or appearance, they were better able to respond to appearance related feedback, and they increased confidence to participate in media activism and to start discussions on body image issues.

At the beginning of the intervention many participants indicated that they were more concerned about changing their weight and appearance than improving or maintaining their health. This was associated with unhealthy eating practices, use of diet drugs and weight loss gimmicks. By the end of the sessions most participants indicated they were no longer willing to risk their health to change their weight or appearance, rather their health was more important. Participants never lost the desire to change their weight, however, by the end of the intervention participants talked about making lifestyle choices in order to lose weight rather than their old methods of fad diets, diet drugs and weight loss gimmicks.

Throughout the group sessions participants' shared their experiences with receiving appearance related feedback. Many participants expressed difficulties responding to comments about weight or appearance effectively. Through time spent developing assertion skills participants were able to improve their ability to respond to those comments. During the final sessions participants shared how they had used their newly developed skills to respond to appearance related feedback in an effective manner.

Although few macro-level social changes occurred over the course of the intervention, participants' demonstrated increased confidence in participating in media activism activities. As well, participants made changes to their personal social environments through discussing body image concerns with friends, family and co-workers. Many participants talked in the early sessions about their reservations regarding talking about body image issues or getting involved with media activism. In relation to media activism there were misperceptions around how advertising is developed, lack of knowledge around how media affects body image, and limited experience of participants in participating in media activism. The group provided information about media literacy and advertising development, as well as a safe environment. Participants focused on issues that they felt strongly about and worked on media activism activities such as letter writing and talking with people about media. With respect to talking about body image issues, participants shared about how they did not know how to start conversations or if people would understand their concerns. Being part of the group gave participants a reason to talk about body image with family and friends. Participants started to feel that they were supported and no longer alone with their negative feelings about their bodies. Participants also developed a greater understanding of the factors that influence body image. Through an increased understanding of factors that affect body image, group support, and newly developed assertion skills, participants talked about increased confidence in discussing body image issues as well as provided examples of how they were talking with friends, family and co-workers about body image issues. Participants shared how they were able to articulate concerns to their significant others and help their significant others to change the way they talked about their weight and appearance. They also changed the way they communicated with their children and weight and appearance related concerns.

Comparison of the Edmonton and Red Deer intervention groups allowed for factors that affected the group process to be analyzed using qualitative data. Quantitative data were not used to compare the groups, with the exception of demographic data, due to the small number of participants in each group. From this qualitative analysis it was found that several factors that influenced the process of the intervention. These included participant diversity, group size, time between recruitment and provision of an intervention, significant world events, group environment, sense of anonymity within the group, the facilitator's past experiences, as well as the influences, experiences, knowledge and interest of the participants.

Using the qualitative data, a process of body image change was theorized. The process of change started with participants sharing body image experiences. Through sharing experiences participants were able to recognise the impact that body image had on their lives. Participants shared how body image dissatisfaction significantly affected their health and well-being, through personal health practices such as avoidance of accessing preventative medical services, eating habits and physical activity levels. As well, body image dissatisfaction affected personal relationships and clothing choice of participants. Sharing experiences helped participants to recognise they were not alone in their body image experiences and identify factors that affect body image. Factors that increased body image discontent in participants included societal and individual factors. Societal factors that negatively affected body image included media and advertising, weight stigmatization and ageism. Factors that were somewhere between individual and societal that negatively affected body image of participants included appearance related feedback, clothing availability as well as interactions with health professionals. Individual factors that negatively affected body image included personal relationships where socio-cultural ideals of thinness were conveyed and lack of healthy personal practices such as physical activity or healthy eating practices. Participants were motivated by the understanding of what had affected their body image and how body image had impacted their lives. They identified areas where they felt helpless or that they were lacking in knowledge. Specific areas identified for skill and knowledge development were around media literacy and activism skills, assertive communication, assessment of eating habits and knowledge about healthy eating, and to understand the risks associated with dieting behaviours. Through the development of skills and knowledge and the support of the group participants were able to apply those skills to make changes in their social environment and improve body image. Through the process of sharing and addressing the factors associated with body image discontent, participants significantly improved their body image. Also through this process, participants experienced empowerment, this occurred through genuine dialogue, identification of issues that participants felt strongly about, searching for solutions, participants taking action on issues and reflecting on those experiences.

Strengths & Limitations

There were several strengths and limitations of this study. Limitations were related to the lack of a control group, small sample size, limited quantitative data that measure changes in societal and interpersonal factors, the short length of the intervention to make social changes and lack of long-term qualitative data. Strengths included the used of mixed methods to evaluate the intervention, as well as longer term quantitative data collection from six months post intervention.

This study was not designed as a randomized controlled trial. This is because this study made use of the delayed intervention control group from the larger study, making it impossible to randomize participants. Although there was no control group, there were pre-post data from pre-intervention, immediately post-intervention and six months post-intervention.

This study used a small sample size of only 14 women. This was a limitation in relation to the strength of power analysis of the quantitative data. There were several reasons for this small sample size. This intervention ran for 12 weeks and produced large volumes of qualitative data. Running more than two groups would have provided a very large amount of qualitative data to analyze. Too much data would have lead to further limitations in honouring the women who participated in program by not adequately analyzing the qualitative data. Rather than have too much data, the size of the intervention was limited in the hopes of providing more thorough analysis of a smaller amount of qualitative data. However, the optimal size of group for intervention was between 8-11 participants. Starting with the delayed intervention control group limited the number of participants available to participate in Edmonton to eight participants, and there were only six participants from Red Deer. Taking more time to recruit participants would have increased power of the quantitative data. With more participants, the study may have been able to demonstrate more significant changes in the body image and related constructs measured.

The third limitation was related to the use of quantitative data to measure individual impacts. Because the objectives were for improvements in body image and individual health behaviours as well as social change it would have been better to see a more balanced evaluation between these two outcomes. However, many of the validated evaluation tools focus on individual rather than societal factors. Even though quantitative measures were limited in their usefulness to measure social changes and empowerment, qualitative data were utilized to describe the effects of the intervention on these. Using mixed methods including both qualitative data and quantitative data allowed for both measurement quantitative impacts as well as description of the process of changes, and analysis of factors that may have affected the impact of the intervention.

The final limitation was the short length of the intervention. Twelve weeks is a very short time period to have had the expectation of any significant social changes. This length of intervention was chosen because it was consistent with the length of the two interventions in the larger study as well as other body image interventions described in the literature. However, many participants once involved with the group were interested in continuing the group session beyond the original plan of 12 weeks. Future interventions should be more flexible with the length of the intervention in order to sustain the positive group environment and allow more time for social change. Even within the twelve weeks the participants developed a set of skills as well as a social network of women that may have helped them to be involved in social change efforts related to body image issues following the end of the formal group sessions.

A strength of this study was the collection and analysis of quantitative data over a longer term. Data showed that for some constructs that demonstrated no significant changes over the short term, however there were changes over the long term. Unfortunately limited qualitative data was collected at six months post intervention. Having more qualitative data from six months post intervention would have helped to determine why that pattern of change was found. Also, having quantitative and qualitative data beyond the six month post intervention would help to determine if body image improvements continued beyond the six month mark.

Recommendations

For Practice

- Body image programs for adult women should include an opportunity for open discussion for women to share thoughts, feelings and experiences about being women in the current "toxic" environment. Discussions should focus on developing solutions for change to factors that affect women's body image in a negative way and to enhance those factors that positively affect body image. These programs should be flexible and responsive to the experiences, interests and issues of participants.
- Currently some health professionals, particularly physicians, may be increasing body image discontent through inadequately addressing the weight related concerns of their patients, and direct inappropriate comments about weight and appearance. Health professionals would benefit from an increased understanding of how body image discontent affects the overall health and well-being of individuals. As well, training on appropriate messages about weight, healthy

eating and physical activity may help them to adequately and appropriately address the weight related concerns of their patients.

For Further Research

- More research is needed on interventions with adult women that improve body image through individual and societal change. Research is needed to determine how programs that incorporate empowerment and social change affect body image of participants over the long term. Research is also needed on interventions that are longer than 12 weeks.
- More research is needed to understand the influences of significant others on adult women's body image. As well, more research in needed to understand the impact of body image discontent on adult women's relationships' with significant others.

Conclusions

Body image significantly impacts the lives and health of adult women. The women who participated in this study were interested in making both individual changes and social changes to positively affect their body image. Because of this, interventions such as this can have a significant positive effect on the body image of participants. The participants were also an effective vehicle for social change. Social changes may result in more long term changes in body image and can positive influence the body image of a much greater population. Adult women are an ideal group to work with because they are significantly affected by body images and are interested able to make changes in society. They also have a significant influence on the body image of the people around them and can positive role models for the young women of tomorrow, as well as their peers. One of the key parts of this intervention process was providing women with an opportunity to talk about body image concerns with other women. In our society where there are very few opportunities for women to talk about body image issues in a constructive way. More opportunities need to be provided for women to openly discuss their experiences in relation to body image issues.

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Appendix A. Summary of the Group Sessions: Goals, Objectives and Content

Session	Goals	Objectives	Content
1. Introducing ourselves	To generate an understanding of the program and have the participants start to feel comfortable with other group members	At the end of this session participants will be able to: 1. Describe the basic philosophy of the program 2. Define group "ground rules" and know the names of a least two people in the group	Introducing the facilitator Puzzle Activity Explaining topics to be covered in the program Discuss expectations & develop group ground rules Check-out
2. Introducing Body Image	To generate an understanding of how body image is formed and develop a personal body image history	At the end of this session participants will be able to: 1. Define body image 2. Describe the significance of lifecycle experiences and current influences on feelings about their body	Check-In Discussion on "What body image is & what forms a body image?" Discuss homework activity "History of my body image" Check-out
3. Media Literacy	To generate an understanding of how media affect body image	At the end of this session participants will be able to: 1. Describe ways in which they can influence what they see in the media 2. Critically analyze their media exposure and identify ways to decrease negative exposure	Check-In Discuss "History of my body image" activity "Slim Hopes" video Discussion on video: major themes, what can we do Check-Out
4. Media Activism	To develop skills that will help to decrease negative media exposure and collectively write one letter of complaint and on letter of praise to a company regarding advertising tactics	At the end of this session, participants will be able to: 1. List website where they can join groups that are lobbying against advertising that has a negative impact on women 2. Understand the rules and regulations that affect advertising	Check-In Review of materials and resources that the participants have found on affecting media Participants choose one advertisement to respond to and brainstorm ideas about what they might want included

			Discussion on next topic of discussion Check-out
5. Assertion, what is it and why is it important	To generate an understanding of what assertiveness is and why it is important	At the end of this session participants will be able to: 1. Define assertion 2. Use expressing anger skills to analyze how they react to situations 3. Use skills to prioritize activities they should say "yes" or "no" to	Check-In Assertiveness Quiz Defining assertion Expressing anger activity Discussion on the benefits of assertion, blocks to assertion, and word choice/body language in assertion Practice Situations Describe Yes & No activity Check-Out
6. Assertion, practicing our skills	To develop skills for self-expression of positive and negative emotions	At the end of this session participants will be able to: 1. Describe how disagreement with assertion differs from disagreement with aggression 2. Describe the importance of accepting compliments 3. Describe methods of evaluating and providing and receiving useful criticism	Check-In Discussion on Yes & No activity Discussion on disagreeing and stating you view Discussion and practice on giving and receiving praise Discussion on giving and receiving criticism Check-Out
7. Weight stigmatization, dieting dangers and deceptions	To generate and understanding of weight stigmatization in our society, as well as the dangers of dieting and deceptions of the diet industry	At the end of this session participants will be able to: 1. List three negative effects of diets 2. List three reason why weight loss diets fail 3.List three myths that perpetuate weight stigmatization and describe how they are false	Check-In Presentation and discussion on body prejudice and weight stigmatization Presentation and discussion on the dangers of dieting and why they do not work Presentation and discussion on set-point theory Check-out

		4. Describe the principles of set-point theory	
8. Listening to our bodies and healthy eating	To generate an understanding of principles of health eating and development of skills to differentiate between internal and external cues to eating	At the end of this session participants will be able to: 1. Define internal and external cues to eating 2. Describe how their own eating behaviours are based on these cues 3. Describe the principles of healthy eating 4. Analyze their own eating patterns and identify areas they could improve	Check-In' Discussion on listening to the external and internal cues Presentation and discussion on principle of healthy eating Analyzing our intake based on Canada's Food Guide Check-Out
9. Sources of power	To generate an understanding of sources of power and powerlessness	At the end of this session participants will be able to: 1. Describe situations where they feel powerless 2. Describe situations where they feel powerful 3. Describe various types of power 4. Identify ways to increase power over things they feel powerless	Check-In Break into two groups and discuss situations where we feel powerful and powerless Share ideas with the group Discuss types of power Discuss how to increase power Check-out
10. Planning for the future & Body movement	To develop plans for the future based on groups interest. To develop and understanding of how body movement affects body image	At the end of this session participants will be able to: 1. Describe how the group intends to provide support for one another once the facilitator is no longer with the group 2. Describe how different types of body movement can affect body image	Check-In Discussion on how the group plans to support one another after the facilitator is no longer with the group Discussion on how body movements affects body image Check-Out
11. Aging & Sexuality	To generate and understanding of the	At the end of this session participants will be able to:	Check-In Discussion on positive and

	process of aging and facilitate discussion around how to deal with these changes. To discuss how our body image affects relationships and sexuality	1. Describe what body changes might be expected with aging. 2. Describe how body image is influenced by and affects relationships.	negative aspects of aging Discussion on how our body image affect sexuality and relationships Check-Out
12. Evaluation & Celebration	To provide an opportunity for the participants to celebrate their successes To receive feedback from participants for future program development To discuss methods for maintenance of healthy body images	At the end of this session participants will be able to: 1. Describe ways you intend to maintain or continue to improve you body image and the body images of others in society.	Check-In Discussion on successes and changes Request for feedback on the program and suggestions for changes to the program Discussion of ways to maintain healthy body images Check-Out

Appendix B: Consent Form

Title of Research Project: Nutrition Education for Social Change: Women and Body-Image

Researchers:	Kim Raine, PhD, RD	(780) 492-9415
	Heidi Staats, MSc Candidate, RD	(403) 341-2191

Information Sheet:

Purpose:

We are interested in comparing the effectiveness of different nutrition education strategies for improving women's body image. All participants in the study will participate in a nutrition education program.

The information collected in this study will be used to compare impacts of this body image intervention with two other intervention programs to determine relative effectiveness, to provide a greater understanding of sources and solutions for body image discontent, to evaluate the group process, and provide information that will guide future program development in this area.

Procedures:

The facilitator agrees to:

- Call you to inform you when and where the first session will take place
- Call you to arrange appointments for the three data collection sessions. Answering the questionnaires will last about 1 hour.
- Facilitate nutrition education programs and honour you wishes' to discontinue participation in the programs or decline answering the questionnaires.
- Keep your identity confidential. We may use quotes from the taped session but you will not be identified. All tapes will be erased after they have been typed, and names will be changed to code names in all session materials and transcripts. The transcripts will be saved for research purposes only. You will also be assigned a code number for questionnaires.
- Provide a summary of the results of the project if you wish to receive one.

You as the participant agree to:

- Participate in the nutrition education program, which involves a two-hour session weekly for 12 weeks.
- Complete questionnaires on body image diet, and personal feelings three times during the study: before the program begins, immediately after the program ends, and six months after the end of the program.
- Call the facilitator if you are unable to attend the education sessions or complete the questionnaires

Possible Discomforts:

You may experience some inconvenience associated with the time involved for the program and filling out the questionnaires. It is possible you may be comfortable with some of what you learn about yourself and you body image through the nutrition program. If you are uncomfortable and feel you need more assistance than what is provided in the program, the David Thompson Health Region and the Alberta Mental Health Board have compiled a list of professionals in the Red Deer area who work with eating disorders. The Eating Disorder Specialists for the Alberta Mental Health Board can be contacted at 340-5041, and they can help you find a professional who meets you needs.

Possible Benefits:

This research may be useful in improving you body image and the way you see yourself and society. It will be useful for health care providers to better understand and respond to the needs of women. It may also be useful for you and other women in increasing awareness and acceptance of a range of body sizes.

Consent:

I acknowledge that the research procedures described on the Information Sheet (above) and of which I have a copy have been explained to me, and that any questions that I have asked have been answered to my satisfaction. In addition, I know that I may contact the person designated on this form, if I have questions either now or in the future. I understand that I may not personally benefit, but by joining the research study, others may benefit. I understand that I the possible risks and discomforts. I have been assured that personal records relating to this study will be kept confidential. I consent to allowing my data to be used as described on the information sheet (above) to evaluate the effectiveness of this body image intervention program. I understand that I am free to withdraw from the study at any time.

____
(Name)

____
(Signature of Participant)

____
(Name)

____
(Signature of Witness)

____
(Date)

____
(Signature of Investigator)

If you have any further questions, please contact:

Kim Raine, PhD, RD	(780) 492-9415
Heidi Staats, MSc Candidate, RD	(403) 341-2191

Appendix C: Guidelines for Facilitator Journal Entries

Program Implementation:

1. Describe the session
2. Identify location of the session:
3. How many participants were present?
4. What activities were planned for the time period?
5. What written materials were available for the participants?
6. What changes were made to the activities?
7. Why were these changes made?
8. What would you do differently?

Group Process:

1. What was the general seating arrangement for the women participants?
2. What was the emotional climate during the group interaction?
3. What was the non-verbal communication of the group members?
4. Did group members appear to feel comfortable sharing in their experiences?
5. Did any group members appear to exert social power that might influences others?

Discuss Questions for Program Effectiveness:

1. What did you like about our session today?
2. What did you not like about our session today?
3. How could our sessions be more interesting?
4. What additional information or activities would you like to see included?

From: Chambers, Janet (2000)

Appendix D: Telephone Screening Questionnaire

Name:
Telephone number:
Recruitment site:

A) Can I ask you a few questions to make sure you are eligible to participate in this study? (verbal consent)

B) Are you between 20 and 60 years old?

Yes ☐ No ☐ (go to refusal)

C) Are you pregnant or have a child under the age of one?

Yes ☐ (go to refusal) No ☐

D) 1- Have you suffered or are you presently suffering from a serious medical condition (breast cancer, did you have a mastectomy? Diabetes, did you have an amputation? Paralysis resulting from a stroke?)

2- Do you believe you disability influences your body image?

E) Do you consider yourself to be overweight, of normal weight, or underweight?

Overweight ☐ Normal ☐ Underweight ☐

F) How do you feel about your body weight?

Positive ☐ Negative ☐ Not Clear ☐

Refusal note: We greatly appreciate your interest in this research project but unfortunately at this time we are looking for women who (reason rejected). Would you like us to keep your number on file for potential future research project?

Thank you very much!

Appendix E: The Multidimensional Body-Self Relations Questionnaire

For questions 1 to 57 please use the following scale to answer:

A	B	C	D	E
definitely disagree	mostly disagree	neither agree nor disagree	mostly agree	definitely agree

________ 1. Before going out in public, I always notice how I look.

________ 2. I am careful to buy clothes that will make me look my best.

________ 3. I would pass most physical-fitness tests.

________ 4. It is important that I have superior physical strength.

________ 5. My body is sexually appealing.

________ 6. I am not involved in a regular exercise program.

________ 7. I am in control of my health.

________ 8. I know a lot about things that affect my physical health.

________ 9. I have deliberately developed a healthy life-style.

________ 10. I constantly worry about being or becoming fat.

________ 11. I like my looks just the way they are.

________ 12. I check my appearance in a mirror whenever I can.

________ 13. Before going out, I usually spend a lot of time getting ready.

________ 14. My physical endurance is good.

________ 15. Participating in sports is unimportant to me.

________ 16. I do not actively do things to keep physically fit.

________ 17. My health is a matter of unexpected ups and downs.

________ 18. Good health is one of the most important things in my life.

________ 19. I don't do anything that I know might threaten my health.

A	B	C	D	E
definitely disagree	mostly disagree	neither agree nor disagree	mostly agree	definitely agree

________ 20. I am very conscious of even small changes in my weight.

________ 21. Most people would consider me good looking.

________ 22. It is important that I always look good.

________ 23. I use very few grooming products.

________ 24. I easily learn physical skills.

________ 25. Being physically fit is not a strong priority in my life.

________ 26. I do things to increase my physical strength.

________ 27. I am seldom physically ill.

________ 28. I take my health for granted.

________ 29. I often read books and magazines that pertain to health.

________ 30. I like the way I look without my clothes on.

________ 31. I am self-conscious if my grooming isn't right.

________ 32. I usually wear whatever is handy without caring how its looks.

________ 33. I do poorly in physical sports or games.

________ 34. I seldom think about my athletic skills.

________ 35. I work to improve my physical stamina.

________ 36. From day to day, I never know how my body will feel.

________ 37. If I am sick, I don't pay much attention to my symptoms.

________ 38. I make no special effort to eat a balanced and nutritious diet.

________ 39. I like the way my clothes fit me.

________ 40. I don't care what people think about my appearance.

A	B	C	D	E
definitely disagree	mostly disagree	neither agree nor disagree	mostly agree	definitely agree

________ 41. I take special care with my hair grooming.

________ 42. I dislike my physique.

________ 43. I don't care to improve my abilities in physical activities.

________ 44. I try to be physically active.

________ 45. I often feel vulnerable to sickness.

________ 46. I pay close attention to my body for any signs of illness.

________ 47. If I'm coming down with a cold or flu, I just ignore it and go on as usual.

________ 48. I am physically unattractive.

________ 49. I never think about my appearance.

________ 50. I am always trying to improve my physical appearance.

________ 51. I am very well co-ordinated.

________ 52. I know a lot about physical fitness.

________ 53. I play sports regularly throughout the year.

________ 54. I am a physically healthy person.

________ 55. I am very aware of small changes in my physical appearance.

________ 56. At the first sign of illness, I seek medical advice.

________ 57. I am on a weight-loss diet.

For questions 58 to 60 answer using the scale below each question:

________ 58. I have tried to lose weight by fasting or going on crash diets.

A. Never B. Rarely C. Sometimes D. Often E. Very often

________ 59. I think I am:

A	B	C	D	E
Very underweight	Somewhat underweight	Normal weight	Somewhat overweight	Very overweight

________ 60. From looking at me, most other people would think that I am :

A	B	C	D	E
Very underweight	Somewhat underweight	Normal weight	Somewhat overweight	Very overweight

Please tell us how satisfied you are with each of the following areas or aspects of your body.

For questions 61 to 69 use the following scale to answer:

A	B	C	D	E
very dissatisfied	mostly dissatisfied	neither satisfied nor dissatisfied	mostly satisfied	very satisfied

________ 61. Face (facial feature, complexion)

________ 62. Hair (colour, thickness, texture)

________ 63. Lower torso (buttocks, hips, thighs, legs)

________ 64. Mid torso (waist, stomach)

________ 65. Upper torso (breasts, shoulders, arms)

________ 66. Muscle tone

________ 67. Weight

________ 68. Height

________ 69. Overall appearance

Appearance Evaluation

To calculate appearance evaluation: (msbrq5 + msbrq11 + msbrq21 + msbrq30 + msbrq39 – msbrq42 – msbrq48 + 12) / 7

Highest possible score: 4.57

Lowest possible score: 0.57

Appearance Orientation

To calculate appearance orientation: (msbrq1 + msbrq2 + msbrq12 + msbrq13 + msbrq22 + msbrq31 – msbrq23 – msbrq40 – msbrq49 + msbrq41 + msbrq50 + 24) / 12

Highest possible score: 4.67

Lowest possible score: 0.67

Overweight Preoccupation

To calculate overweight preoccupation: (msbrq10 + msbrq20 + msbrq57 + msbrq58) / 4

Highest possible score: 4.00

Lowest possible score: 0.00

Body Area Satisfaction

To calculate body area satisfaction: (msbrq61 + msbrq62 + msbrq63 + msbrq64 + msbrq65 + msbrq66 + msbrq67 + msbrq68) / 8

Highest possible score: 4.00

Lowest possible score: 0.00

From : (Cash, 1994)

Appendix F: Self-Consciousness Scale

Note: All items use a 7-point Likert scales indicating strongly agree (0), disagree (1), slightly disagree (2), neutral (3), slightly agree (4), agree (5), strongly agree (6).

Please tell us how these statements apply to you.

1. I have trouble working when someone is watching me.
2. I sometimes have the feeling that I'm off somewhere watching myself.
3. I feel anxious when I speak in front of a group.
4. Large groups make me nervous.
5. I'm concerned about my style of doing things.
6. I'm usually aware of my appearance.
7. I'm self-conscious about the way I look.
8. One of the things I do before leaving the house is look in the mirror.
9. It takes me time to get over my shyness in new situations.
10. I'm concerned about the way I present myself.
11. I get easily embarrassed
12. I'm concerned about what other people think of me.
13. I find it hard to talk to strangers.
14. I usually worry about making a good impression.

To calculate Social Anxiety: (selfcs 1 + selfcs 3 + selfcs 4 + selfcs 9 + selfcs 11 + selfcs 13) / 6

To calculate Public Self Consciousness: (selfcs 2 + selfcs 5 + selfcs 6 + selfcs 7 + selfcs 8 + selfcs 10 + selfcs 12 + selfcs 14) / 8

(Scheier M.F. & Carver C.S., 1985)

Appendix G: Mastery Model

Note: All items use a 5-point Likert scales indication strongly agree (0), disagree (1), neither agree nor disagree (2) , agree (3) , strongly agree (4) .

How strongly do you agree or disagree with these statements about yourself?

1. There is really no way I can solve some of the problems I have.
2. Sometimes I feel that I'm being pushed around in life.
3. I have little control over the things that happen to me.
4. I can do just about anything I really set my mind to.
5. I often feel helpless in dealing with the problems of life.
6. What happens to me in the future mostly depends on me.
7. There is little I can do to change many of the important things in my life.

To calculate mastery scale: (mastery 4 – mastery 1 – mastery 2- mastery 3 – mastery 5 + mastery 6 –mastery 7 + 30) / 7

Lowest possible score = 1.42

Highest possible score = 5.43

(Pearlin et al., 1981)

Appendix H: Self-Esteem Model

Note: All items use a 5-point Likert scales indication strongly agree, disagree, neither agree nor disagree, agree, strongly agree

How strongly do you agree or disagree with these statements about yourself?

1. I feel I'm a person of worth, at least on an equal to others.
2. I feel that I have a number of good qualities.
3. All in all, I am inclined to feel that I'm a failure.
4. I am able to do things as well as most other people.
5. I feel I do not have much to be proud of.
6. I take a positive attitude toward myself.
7. On the whole, I am satisfied with myself.
8. I certainly feel useless at times.
9. I wish I could have more respect for myself.
10. At times I think I am no good at all.

To calculate self-esteem: Esteem 1 + Esteem 2 – Esteem 3 + Esteem 4 – Esteem 5 + Esteem 6 + Esteem 7 – Esteem 8 – Esteem 9 – Esteem 10 + 30) / 10

Highest possible score = 5.00

Lowest possible score = 1.00

From: (Rosenberg, 1965)

Appendix I: Three Factor Eating Questionnaire

This part of the questionnaire focused on food and eating

For questions 1 to 25 answer either by: 0-false 1-true

1. When I smell a sizzling steak or see a juicy piece of meat, I find it very difficult to keep from eating, even if I have just finished a meal.
2. I usually eat too much at social occasions, like parties and picnics.
3. When I have eating my quotas of calories, I am usually good about not eating anymore.
4. I deliberately take small helpings as a means of controlling my weight.
5. Sometimes things just taste too good that I keep on eating even when I am no longer hungry.
6. When I feel anxious I find myself eating.
7. Life is too short to worry about dieting.
8. Since my weight goes up and down, I have gone on reducing diets more than once.
9. When I am with someone who is overeating, I usually overeat too.
10. I have a pretty good idea of the number of calories in common food.
11. Sometimes when I start eating, I just can't seem to stop.
12. It is not difficult for me to leave something on my plate.
13. While on a diet, if I eat food that is not allowed, I consciously eat less for a period of time to make up for it.
14. When I feel blue, I often overeat.
15. I enjoy eating too much to spoil it by counting calories or watching my weight.
16. I often stop eating when I am not really full as a conscious means of limiting the amount that I eat.
17. My weight has hardly changed in the last ten years.
18. When I feel lonely I console myself by eating.
19. I consciously hold back at meals in order not to gain weight.

20. I eat anything I want anytime I want.
21. Without even thinking about it, I take a long time to eat.
22. I count calories as a conscious means of controlling my weight.
23. I do not eat some foods because they make me fat.
24. I pay a great deal of attention to changes in my figure.
25. While on a diet, if I eat a food that is not allowed, I often then splurge and eat other high calorie foods.

For questions 26 to 37, please answer using the scale under each question:

26. How often are you dieting in a conscious effort to control your weight?
    0- rarely 1- sometimes 2- usually 3- always
27. Would a weight fluctuation of 5 pounds affect the way you live you life?
    0- not at all 1- slightly 2- moderately 3- very much
28. Do your feelings of guilt about overeating help you control your food intake?
    0- never 1- rarely 2- often 3- always
29. How conscious are you of what you are eating?
    0- not at all 1- slightly 2- moderately 3-extremely
30. How frequently do you avoid "stocking up" on tempting foods?
    0- almost never 1-seldom 2- usually 3- almost always
31. How likely are you to shop for low calorie foods?
    0- unlikely 1- slightly unlikely 2- moderately likely 3- very likely
32. Do you eat sensibly in front of others and splurge alone?
    0- never 1- rarely 2- often 3- always
33. How likely are you to consciously eat slowly in order to cut down on how much you eat?
    0- unlikely 1- slightly likely 2- moderately likely 3- very likely
34. How likely are you to consciously eat less than you want?
    0- unlikely 1- slightly likely 2- moderately likely 3- very likely
35. Do you go on eating binges though you are not hungry?

0- never 1- rarely 2- sometimes 3- at least once a week

36. How would you rate your eating restraint?
    - 0- eat whatever you want whenever you want it
    - 1- usually eat whatever you want, whenever you want it
    - 2- often eat what ever you want whenever you want it
    - 3- often limit food intake, but often "give in"
    - 4- usually limit food intake, rarely "give in"
    - 5- constantly limiting food intake, never "giving in"

37. To what extent does this statement describe your eating behaviour?
    "I start dieting in the morning, but because of any number of things that happen during the day, by evening I have given up and eat what I want promising myself to start dieting tomorrow"
    - 0- not like me
    - 1- little like me
    - 2- pretty good description of me
    - 3- describes me perfectly

In order to calculate the subscale questions 26 to 37 were recoded for answer to be 0 or 1. With 2-3 equalling 1 and 0-1 equalling 0. The following are the calculations then used to determine disinhibition and cognitive restraint.

To calculate disinhibition: (eat 1 + eat 2 + eat 5 + eat 6 + eat 8 + eat 9 + eat 11 – eat 12 + eat 14 – eat 17 + eat 18 – eat 21 + eat 25 + eat 32 + eat 35 + eat 37 + 3) /16

To calculate cognitive restraint: (eat 3 + eat 4 - eat 7 + eat 10 + eat 13 – eat 15 + eat 16 + eat 19 - eat 20 + eat 22 + eat 23 + eat 24 + eat 26 + eat 27 + eat 28 + eat 29 + eat 30 + eat 31 + eat 33 + eat 34 + eat 36 + 3) /21

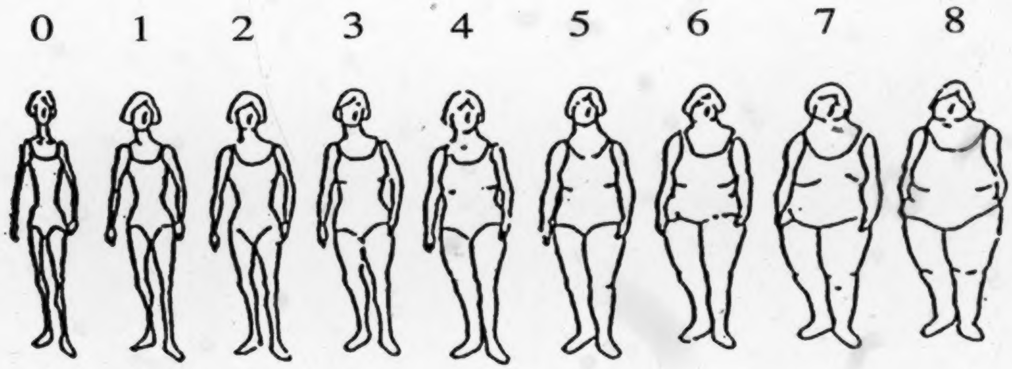
Highest possible score: 1.00 Lowest possible score: 0.00

From: Stunkard & Messick (1985)

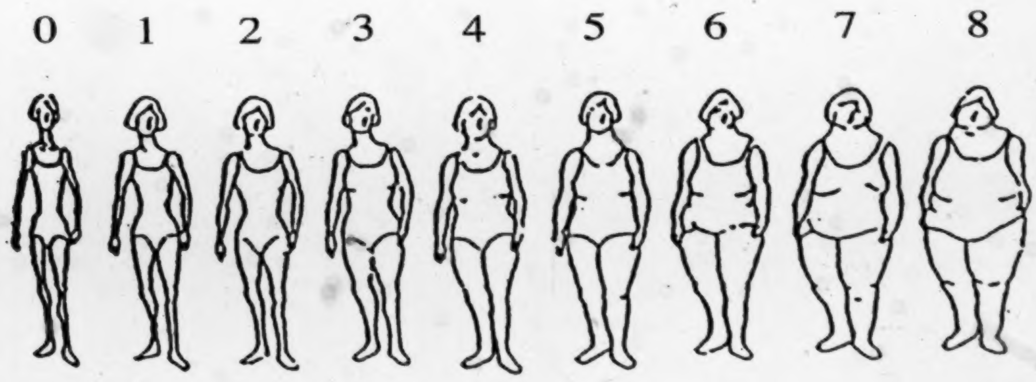
Appendix J: Body Size Drawings

In this section, we are interested in knowing about your current and ideal body shape

____________ 47 – select the figure most resembling your current body shape



____________ 48 – select the figure most resembling what you would like to look like in the future



From: Stunkard, Sorenson, & Schlusinger, (1983)

Appendix K: Empowerment Evaluation

A (0) = Yes B (1) = No

1. Before _______ (Study start date), did you ever attend a public meeting, rally or protest about some community problem?
2. Before _______ (Study start date), did you speak to, write to or go to see a public official or some other person of influence in the community to express your views about some community problem?
3. Before _______ (Study start date), did you ever work with others in your community to try to do something about some community problem?
4. During the past 12 months, did you speak to, or go to see a public official or some other person of influence in the community to express your views on some community problem?
5. During the past 12 months, did you attend any meeting concerned with some community issue or problem?
6. During the past 12 months, did you discuss politics with your family and friends?
7. During the past 12 months, did you work for a political party or candidate or for a group or organization concerned with a community issue or problem?
8. During the past 12 months, did you contribute money to a candidate, a political party or to a group concerned with a community issue or problem?
9. During the past 12 months, did you take part in a rally or protest about some community issue or problem?
10. During the past 12 months, did you complain to a business or corporation about some community issue or problem?
11. During the past 12 months, did you take part in a boycott against a business or corporation because of some community issue or problem?
12. During the past 12 months, did you do anything (else) either alone or with others in your community to try to do something about a community issue or problem?
13. In the past 12 months have you served on a committee, helped organize meetings, or served in a position of leadership in your community?

14. In the past 12 months have you been very active, somewhat active, or not very active in your community?
    A-Not Very B-Somewhat C-Very Active

15. How often do you try to influence public policy or the action of influential individuals, businesses, or other groups or organizations?
    A-Never B-Rarely C- Sometimes D-Often

To calculate being active in community life: (empowr1 + empowr2 + empowr3 + empowr4 + empowr5 +empowr6 +empowr7 +empowr8 + empowr9 + empowr10 + empowr11 +empowr12) /12

Highest possible score: 1

Lowest possible score: 0

To calculate participation in civic groups: (empowr13 + empowr14) / 2

Highest possible score: 1

Lowest possible score: 0

modified from Zimmerman (1990).

Appendix L: Shape Magazine Letter

Monday, June 17, 2002

To: Shape Hot Lines
21100 Erwin Street
Woodland Hills, CA
91367

From: XXXXXXXXXX

Re: Shape Reader Models and Body Image

I am X years old and have been purchasing your magazine since 1986. I enjoy you magazine immensely and used it as resource material when I decided to become and aerobics instructor. I am sure it made the courses, exams and practical much easier to accomplish.

I am participating in a "Body Image Group" and brought your magazine to the last meeting. We discussed it, and of the five participants, I was the only person who would purchase your magazine despite the bikini-clad model on the cover – June02 issue. We agreed the content- workout tips, female issues, nutrition facts were A-1; however, the models who appeared throughout the magazine were not representative of the body types which would make up the majority of your readers. Joe Wielder's philosophy has always been to use reader models whenever possible and I understand that young reader models with perfect bodies probably sell more magazines; but it would be nice to see more representation of people with body types like Jill Sherer.

I am also including other comments that came up in the group discussion, which I think you'll find of interest:

- Objectification and sexualization

- Magazine would better reflect content if there were women of various sizes and shapes
- Models dressed in workout wear versus bikinis
- Athlete models
- When was a decision made to change cover from athletes to young sexually provocative non-athletic models?
- Your provocative use of sexually depicted young super thin girls is offensive
- Models depicted do not accurately represent you content.

My question to you is why could you cover not depict actual female athletes? There are a lot of them our there i.e. female hockey, soccer, volleyball, basketball players to name a few. I personally find the female athlete to be more representative of what my ideal body type is vs. young slender females.

Keep up the great work on your magazine. I will continue to buy it. I would like to share the info contained within the magazine with my group, but am having difficulty getting them to look past the cover. Your comments on this issue would be appreciated, as my group is quite interested in your response.

(It was then signed by all the participants in the Red Deer group)
Note: This letter was retyped to maintain participant confidentiality. The only information changed was the personal and contact information, which was deleted.

Appendix M: Final Evaluation

Evaluation

1. Could you please describe the group environment in which issues were discussed (i.e. supportive, adversarial, cooperative, do you feel comfortable expressing your opinions?)

2. Has the group/process been a benefit to you?

3. If you answered yes (to question 2), how do you feel this group has benefited you?

4. If you answered no (to question 2), how do you feel this group did not meet your expectations/needs?

5. What do you feel could be improved?

6. What suggestions would you make to the facilitator to help her run a more effective group?